

City of Leeds.

EDUCATION COMMITTEE.

REPORT

OF THE

SCHOOL MEDICAL OFFICER

(ALGERNON WEAR, C.M.G., M.D., B.S., D.P.H.),

For the year ended 31st December, 1920.



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PREFATORY NOTE.

From its establishment in 1909, the Scheme of Medical Inspection of School Children has steadily developed. Suitable treatment to remedy the defects brought to light by inspection has been a strong feature during the past few years, and in 1916 a Scheme of Dental Inspection and Treatment of School Children was adopted.

A detailed summary of the Revenue Expenditure of the School Medical Service for the year ended 31st March, 1921, is subjoined :—

MAINTENANCE CHARGES.

	£	s.	d.
Salaries of Medical Officers and School Nurses..	9,042	4	3
Salaries of Dental Officers and Attendants ..	3,463	8	4
Salaries of Clerical Staff	2,988	5	3
Nurses' Uniform	147	3	5
Travelling Expenses.. .. .	191	8	11
Printing, Postage and Stationery	897	8	10
Drugs, Materials, &c.	800	4	10
Apparatus	448	11	11
Provision of Spectacles	62	19	10
Cost of Conveying Children to Clinics	9	0	2
Repairs to Buildings and Furniture	644	11	8
Rents, Rates, Taxes and Insurance	347	15	7
Fuel, Light and Cleaning	797	12	1
Expenses of Dr. Wear and Dr. Stockwell attending Special Course on Mental Deficiency	35	0	9
Health, Accident and Unemployment Insurance	65	13	3
Bacteriological Examination and Treatment of Scabies	58	15	3
Grant to Leeds Invalid Children's Aid Society.. .. .	50	0	0
Total Maintenance Charges	£20,050	4	4

PROVISION AND ALTERATION OF PREMISES.

	£	s.	d.
(a) Purchase of Oakes Villa—Hunslet Clinic	1,767	12	6
(b) Alteration of Premises—			
Armley Clinic	8	8	8
Edgar Street Clinic	3,004	8	1
Hunslet Clinic	204	12	6
	3,217	9	3
	£25,035	6	1

The number of children examined during the year under review was 45,884, with an average attendance of boys and girls in the Elementary Schools of 62,175. The cost of the Medical Service per child in average attendance at the Elementary Schools for maintenance only was 6s. 5¼d., while the cost per child of the children examined works out at 8s. 9d. The total cost of the Medical Service per child in attendance at the Elementary School for the past year was 8s. 0½d.

The grant from the Board of Education is based upon 50% of the net expenditure set out above, but from this amount there must be deducted a proportion of the produce of a 7d. rate, which cannot at present be ascertained.

JAMES GRAHAM,

Director of Education.

EDUCATION DEPARTMENT,

LEEDS, 1st May, 1921.

LEEDS EDUCATION COMMITTEE.

Medical Inspection of School Children.

MEDICAL SUB-COMMITTEE.

Members of the City Council:

Councillor LEIGH (*Chairman*).

Alderman FARR.

Councillor BATHURST.

„ BENTLEY.

„ BURN.

„ EDDISON.

„ EXLEY.

„ FOSTER.

„ HAWKESWORTH.

„ HEALY.

„ MOORHOUSE.

„ OWEN.

„ SCHOLEFIELD.

„ TALLANT.

Co-opted Members :

Mrs. HALBOT.

Mrs. CONNON.

MEDICAL STAFF.

School Medical Officer—ALGERNON WEAR, C.M.G., M.D., B.S., D.P.H.

Deputy School Medical Officer—GEO. E. ST. CLAIR STOCKWELL, B.A., M.B., B.C.

Full-Time Assistant School Medical Officers—

JOSEPH HOLMES, M.R.C.S., L.R.C.P.

C. R. LYALL, M.B., C.M.

GEO. P. P. CLAPHAM, L.R.C.P., L.R.C.S., L.F.P.S., L.D.S.

DONALD M. MCGILLIVRAY, M.B., Ch.B., D.P.H.

JAMES BROOKS, M.R.C.S., L.R.C.P. (*Appointed 1st September, 1920*).

JESSIE SMITH, M.B., Ch.B. (*Appointed part-time from 1st July, full-time from 1st October, 1920*).

THOMAS D. PRATT, M.B., M.R.C.S., L.R.C.P. (*Left 30th April, 1920*).

Part-Time Assistant School Medical Officer—CLARA STEWART, M.B., B.S.

Oculists—

RALPH HOPTON, M.D., B.S., M.R.C.S., L.R.C.P. (*part-time*).

(*Also supervision at School for Blind and Special Classes for Myopes*).

A. STUART HEBBLETHWAITE, M.B., Ch.B. (*Appointed January, 1920, Left, June, 1920*).

Consulting Surgeon: Nose, Throat and Ear—ALEXANDER SHARP, C.B., C.M.G., F.R.C.S. (Ed.)

Senior School Dental Officer—H. ALVIN MAHONY, L.D.S. (*Appointed 1st July, 1920*).

Assistant School Dental Officers—

HARRY DRAKE, L.D.S.

GERALD R. BAXTER, M.B., Ch.B., B.Ch.D. (*Left 29th February, reappointed, 1st September, 1920*).

JAMES LAW, L.D.S.

JAMES HADDOW, L.D.S.

JOHN KNOWLES, L.D.S.

School Nurses—

VIOLET J. WEBSTER (*Superintendent Nurse*).

MARTHA THOMPSON.

MAUDE M. MCGILL.

MARY MCGANN

(*Left 31st May, 1920*).

JANE TOTTIE.

ALICE KAY.

MAUDE B. PARNHAM.

EMMA M. HEARNshaw.

FLORENCE N. CLAYTON.

MARY CHERRETT.

ANNIE S. HISCOCKS

(*Appointed 5th January, 1920*).

CONSTANCE COBB

(*Appointed 5th January, 1920*).

CATHERINE DWYER

(*Appointed 5th January, left 30th September, 1920*).

MARY D. CARRICK.

KATE GRONOW.

HILDA A. SMITH.

MARGARET MOORE.

OLIVER WALKER (Mrs.).

ANNIE A. POSKITT.

MONA K. MACPHERSON.

ELIZABETH M. WHURR.

ESTHER FOX.

ROSE PAYNE.

ISABEL WHITELAW

(*Appointed 5th January, 1920*).

MATILDA GREEN.

(*Appointed 5th January, 1920*).

ELSIE KEAR

(*Appointed 1st September, 1920*).

EDITH D. WYNN

(*Appointed 1st June, 1920*).

Dental Attendants—

ELSIE DENTON.

GRACE E. BROWN.

SYLVIA A. WILSON.

ETHEL WHITE.

LOUIE WALKER (*Appointed 1st September, 1920*).

INDEX.

	PAGE
BATHS	19, 27
BLIND	30
CLEANLINESS	13, 36
CLINICS	17, 40
CONTINUATION SCHOOLS	36
CO-OPERATION	27
CO-ORDINATION	9
DEAF	30
DEFORMITIES AND DEFECTS	25, 29, 36, 49
DENTAL	21, 35, 41, 47, 48
EAR DISEASE	21
EMPLOYMENT OF CHILDREN	36, 59
ENQUIRIES	38
EPILEPTICS	31
EXCEPTIONAL CHILDREN	30, 45
EXCLUSIONS	36, 55
EXTERNAL EYE	20
FOLLOWING UP	15, 35
HEIGHT	53
INFECTIOUS SICKNESS	13, 36
MEDICAL STAFF	6
MEDICAL SUB-COMMITTEE	5
MENTALLY DEFECTIVE	30
MINOR AILMENTS	18, 46
MYOPIC CLASSES	30
NERVOUS DISEASES	31
NOTICES TO PARENTS	55
NUMBER OF SCHOLARS EXAMINED	8, 42
NURSES	15
NURSERY SCHOOLS	32
NUTRITION	15, 27, 36
OLD CLOTHING	38
OPEN-AIR EDUCATION	27
PHYSICAL TRAINING	27, 56
PROSECUTIONS	28, 60
PROVISION OF MEALS	27
RE-INSPECTIONS	15, 43
REMEDIAL EXERCISES	26
RINGWORM	19
RÖNTGEN RAY APPARATUS	19
SCABIES	19
SCHOLARSHIP CASES	38
SCHOOL HYGIENE	10
SECONDARY SCHOOLS	25, 32, 51
SPECIAL SCHOOLS	30, 52
SPECTACLES	20
STAGE LICENCES	38, 61
SUMMARY OF RETURNS	8, 44, 50
TONSILS AND ADENOIDS	19, 46
TREATMENT OF SCHOLARS' DEFECTS.. .. .	18, 35, 40, 49
TUBERCULOSIS	19
VISION	20, 36, 46
WEIGHT	54

SUMMARY OF THE WORK OF THE LEEDS SCHOOL MEDICAL
SERVICE, 1920.

No. of Children Examined by the School Medical Officers at Routine Inspections	28,551
Re-inspected in the Schools by the School Medical Officers	12,945
Examined by the School Dental Officers	40,365
Examined by School Nurses in the Schools	88,822
Re-inspected in the Schools by School Nurses ..	57,375
Number of visits to homes by School Nurses ..	11,452

CLINIC WORK.

Total Attendances, 1920 .. 191,181

CLINIC.	NUMBER OF ATTENDANCES.	NATURE OF WORK.
Central	17,161	Inspection work. Refraction. X-Ray. Remedial Exercises. Aural. External Eye.
	8,358	Dental.
Holbeck	25,927	Inspection work. Treatment of Minor Ailments. Refraction.
	3,753	Dental.
Edgar Street ..	53,019	Inspection work. Treatment of Minor Ailments.
	4,624	Dental.
Armley	22,263	} Inspection work. Treatment of Minor Ailments.
Burley	16,201	
Hunslet	14,787	
Meanwood	25,088	

CITY OF LEEDS.

EDUCATION COMMITTEE.

Report of the School Medical Officer for the year ended
31st December, 1920.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to report upon the work of the School Medical Service of the City of Leeds, for the year ended 31st December, 1920.

The work has advanced in every department. The inclusion of Secondary and Technical Schools in the Scheme of Medical Inspection under the Education Act of 1918, and the greater appreciation by the parents of the work done at the Clinics have tended to bring about this increase.

The total increase of Routine Inspections was 5,456, of Nurses' examinations 20,178, and attendances at the Clinics 79,350. The total attendances at all Clinics reached the large figure of 191,181. The largest increase was 28,837 at Edgar Street Clinic.

Co-operation has been established between the School Medical Service and the following Services :—

- (a) Babies' Welcomes : When a child ceases to attend a Welcome by reason of School age, or other cause, the medical particulars of the child are passed to the School Medical Officer and the details are entered on the Medical Schedule.
- (b) The care of debilitated and crippled children under school age :—All children of two years of age and upwards are reported by the Attendance Officers and the cases are invited for examination by the School Medical Officers.

Since the year 1909 a record, under the following headings, ^{School Hygiene.} has been kept of all schools and departments :—General Plan, Ventilation, Decoration, Lighting, Desks, Sanitation, Lavatories, Drinking Facilities, Cloakrooms, Playgrounds, Special Departments, Physique and condition of the Teeth of the children. In this way a considerable amount of valuable information has been collected with regard to the hygienic condition of the various schools.

• The following Table shows the results :—

ENQUIRY INTO HYGIENIC CONDITIONS OF SCHOOLS, 1909-20.

Total Number of Inspections carried out—414.						
Condition reported upon.	Council.			Voluntary.		
	Good.	Fair.	Bad.	Good.	Fair.	Bad.
General Plan ..	159	74	35	40	67	39
Ventilation ..	189	53	26	78	30	34
Decoration ..	104	78	66	36	54	48
Lighting ..	199	59	8	72	53	19
Desks	213	39	11	66	51	25
Heating.. ..	231	22	3†	112	23	7†
Closets	219	32	17	72	48	11
Washbasins ..	191	32	24†	74	41	9†
Drinking Facilities ..	158	26†	66*	64	30†	29*
Cloak Rooms ..	142	78	23	42	57	34
Playgrounds ..	198	28	14	48	56	25
Manual and Special Depts.	50	7	—	7	—	—
Physique of the Children ..	149	72	10	57	49	24
Condition of the Teeth ..	76	72	44	34	34	21

* Absent.

† Insufficient.

NOTE.—The above figures extend over a considerable period. Suggestions for necessary improvements and alterations are made after each inspection.

Whilst the modern buildings are good, the rooms well lighted and airy, the older premises leave much to be desired. In many cases light is deficient owing to heavy stone transoms and mullions in the windows, which are not made to open, and the ventilation is thus limited.

The buildings of Voluntary Schools with one or two exceptions, do not compare favourably with those of the Council Schools in plan, lighting, and general convenience.

Ventilation.—The ventilation of the Schools has improved of late years, but is still far from satisfactory. Instructions have been issued from time to time to the teachers on this important matter. It appears from a consideration of the incidence of Infectious Disease and from inspections regarding the ventilation in the schools that Measles and other Infectious Diseases are most rife when the ventilation is inferior.

Lighting.—It has been found that in those Schools where there is an insufficiency of daylight, the number of cases of defective eyesight is greater than in the better lighted buildings.

Warming.—The Schools have been found to be satisfactorily heated with one or two exceptions ; attention has been drawn to these exceptions and the conditions have been improved.

Sanitation.—Trough closets are still in existence in a number of Schools, but the sanitary arrangements are being modernised as opportunity offers. In one outlying School the pail system remains, and in another the inclined slab and earth closet still exist.

Desks.—In the newer Schools the desks are satisfactory but in the older, desks of all descriptions and types are found. A standard sized desk is an impossibility owing to the variation in the height of the pupils ; some of the desks are too low and cause stooping and constriction of the chest. Dual and adjustable desks are desirable in all schools.

Washing and Drinking.—Washing and drinking facilities are generally satisfactory. There is an ample supply of basins and towels, and soap and drinking mugs are provided.

Schoolrooms and Cloakrooms.—There is a tendency in many classrooms to overcrowd the walls with pictures, drawings, etc. ; whilst a few pictures can do little harm as dust collectors the presence of various paper ornaments on the walls is inadvisable. The majority of the cloakrooms are satisfactory, some however are badly situated and dark ; ventilation in the cloakrooms is uneven, it should be free and permanent.

Arrangements for drying clothes.—To some extent radiators in the cloakrooms are used to dry the children's clothes but this plan is not generally adopted.

Medical Inspection.—The Teachers are notified of the dates of the School Medical Officers' visits, and a supply of material for the examinations is forwarded to the Schools. The Teachers invite the parents of all children eligible for examination to be present, they measure and record on the cards the height and weight of all

children who are to be examined ; enter particulars as to attendance, clothing and footgear, and previous illnesses and make a preliminary test of the vision. The defects in vision are retested by the Doctors. The Medical Officer completes the medical portion of the card, and enters his recommendation as to treatment for any defects discovered.

Arrangements are made for the examination of children in the following Age Groups :—

- (1) Children over 5 years of age or who will attain 5 years of age by the 31st March, 1921, who have not already been examined.
- (2) Children between 8 and 9 years of age.
- (3) Children over 12 years of age who have not been examined since reaching the age of 12.
- (4) Special cases which in the opinion of the Head Teacher are in need of medical attention.
- (5) Children who have not received the treatment recommended at previous examinations are re-inspected at each visit of the Medical Officer to the Schools.

The Record Cards include all particulars suggested in the Board's Schedule of Medical Inspection for Elementary and Secondary Schools. A double card has been brought into use providing for six inspections and the results of any treatment carried out. The full medical history is thus shown on one card.

At the request of the Board of Education an enquiry was instituted early in the year, as to the incidence of crippling deformities, including severe heart disease, in the area. The School Enquiry Officers supplied lists of children two years of age and over, who appeared to suffer from deformities. All these children were examined by the Medical Officers, with the exception of a few cases which were unable to attend the Clinics ; these were visited by the School Nurses.

All Routine Examinations are held on the School premises. Medical Inspection disturbs the ordinary school routine, the extent of which depends in a large measure upon the arrangements made by the Head Teacher. In Schools where the work is allocated to the Assistant Teachers of each Class it appears that less disturbance is caused than where the whole of the work is performed by the Head Teacher. This method has also the advantage of placing the Teacher of the Class in a position to appreciate and carry out more fully any measures necessary to alleviate and modify defects of Vision, Hearing, Posture, etc

(a) *Uncleanliness*.—There is no doubt in the minds of those who are closely in touch with the children that there has been considerable and continuous improvement in the cleanliness of the children's heads and bodies. Lice and their eggs are, however, still found, but in much smaller numbers than was formerly the case. The condition of uncleanliness is to some extent habitual in certain families and it is the children in these families who constantly relapse.

Findings of
Medical
Inspection.

(b) *Other Defects*.—The following is a statistical summary of other defects referred for treatment or observation in the course of the Medical Inspection for the year under review :—

	Routine Cases.	Special Cases.	Total.
Tonsils and Adenoids ..	3,820	227	4,047
Tuberculosis	246	215	461
Skin Disease	669	10,510	11,179
External Eye Disease ..	218	1,611	1,829
Vision	3,570	2,810	6,380
Ear Disease and Hearing	847	1,293	2,140
Dental Defects	—	—	25,724
Crippling Defects ..	901	411	1,312
Other Defects	4,166	2,256	6,422

The present method of registration and control of infectious disease occurring amongst school children of the City was adopted in January, 1910. Certain infectious diseases are compulsorily notifiable by Medical men to the Medical Officer of Health. Information of infectious cases is received through various channels, such as Teachers, Attendance Officers, Nurses, and the Medical Officer of Health. From these various sources we are enabled to make out a complete return, and to maintain a register of such cases. An exchange of returns between the two Departments is made daily. The register thus compiled is of the utmost importance as a means of gauging the incidence and extent of infectious disease amongst children ; and of checking the spread of such disease by prompt and early closure of classes, departments, or schools. The number of such closures during the past year for infectious sickness was :—

Infectious
Disease.

7 Schools (All Departments).
36 Single Departments.

These figures show a marked decline over those of the previous year.

Difficulty is experienced in exercising adequate control of infection owing to the impossibility of isolating children in the homes and streets. All that can be done is to ensure that the risk in the schools is reduced to a minimum. With this object the teachers have been instructed on the following points to enable them to act quickly in all cases of infectious diseases occurring in school :—

Signs and symptoms of the common diseases.

Sources of infection.

The necessary period of exclusion.

What to do with

(a) Those suffering from the disease.

(b) Contact Cases.

A number of knapsack sprays are in use and infected classrooms are sprayed immediately after a case of infectious disease and wherever possible the room is vacated for the day. The sprays have been issued 404 times during 1920.

There was a widespread epidemic of Measles in February and March, necessitating 39 closures. An outbreak of Diphtheria occurred in the early part of the year at Shadwell Industrial School. Defective closets were traced as the main cause. These were repaired. Other minor defects were rectified and the epidemic was stamped out.

In all Schools, Council, Voluntary, and Special, there were 10,254 cases of Infectious Disease during the twelve months :—

Measles	..	..	..	..	..	5,113
Chicken Pox	..	..	..	..	..	1,537
Whooping Cough		..	..	..	..	1,152
Mumps	..	..	..	..	..	975
Scarlet Fever	..	..	..	..	..	912
Diphtheria	..	..	..	..	..	562
Enteric Fever	..	..	..	..	..	3
						<hr/> 10,254 <hr/>

Measles was prevalent in the more crowded areas such as Meanwood Road, York Road, Holbeck, New Wortley, and Armley. Hunslet, with the exception of one School, and the outlying areas

of Moortown and Meanwood were little affected. A considerable number of schools had less than 10 cases, but only 12 Schools entirely escaped the disease.

In view of the facilities which have been provided for treatment Following up. at the School Clinics, the procedure with regard to "Following up" defects has been considerably modified during the past few years.

A note of the defects discovered at the Routine Inspection, for which treatment is recommended, is entered on a special portion of the Medical Record Card, and parents of children so suffering are notified of these recommendations and advised to obtain the necessary treatment. In this way the parents are given an opportunity to consult their own Medical Practitioner.

The notice to parents has a space provided for the reply indicating the method which they propose to adopt; these replies are entered on the cards.

A Re-inspection is held at the School about six weeks after the Routine Inspection, and the names of children who have not been treated are transferred to "Clinic Lists" in the case of defects for which treatment is provided by the Committee, and in the case of other defects a second and more strongly worded notice is forwarded to the parents. The latter cases are reinspected by the Medical Officers at each subsequent visit to the School, and followed up by letter or visits to the homes by the Nurses until the defect is remedied.

In the case of children suffering from Malnutrition, a special card is used (detailed in the Report for 1919) on which the height and weight are shown graphically. These children are weighed and measured each month by the School Nurses, and the results recorded on the charts; the Nurses also visit the homes and advise parents as to proper feeding, etc. Children not making satisfactory progress are brought to the notice of the Medical Officers.

There are 27 School Nurses employed by the Education Com- Nurses. mittee. Each Nurse is responsible for the inspection of children, with regard to cleanliness, in the Schools allocated to her. She is also required to make two systematic examinations of all children in attendance at these Schools each year, and in addition to visit the Schools from time to time to inspect children found in an uncleanly condition at a previous examination. Each School is visited about eight times in the course of the year.

Children found to be ailing by the School Nurses are dealt with in the same way as the cases found by the Medical Officers.

Nurses attend at the Clinics daily, and as often as they may be required, to assist the School Medical Officers, to treat scholars suffering from Minor Ailments and to undertake the examination and cleansing of verminous children. They visit the homes of children in their district for the purpose of treating the children or of giving advice and assistance to parents in carrying out the treatment recommended. Eight Nurses attend the Scabies Bathing and Treatment Centres one half-day each week. In addition the nurses visit the homes of children whose parents have refused the treatment recommended by the School Dental Officers to urge treatment in the interests of the children.

A summary of the work of the School Nurses is subjoined, from which it will be observed that over 20,000 more children were examined than in the previous year, and that 947 fewer defects were discovered. The increase in the number of homes visited is accounted for by visits paid to homes of Dental cases. There is a great increase in the number of dressings, which indicates the growth of the various Clinics.

SUMMARY OF THE NURSES' WORK FOR 1920.

(The figures in brackets represent the corresponding totals for 1919).

A.—Inspection.

Number of Visits to School Departments	4,480	(2,693)
Number of Children examined	88,822	(68,644)
Number of Re-inspections	57,375	(33,484)
Number of Defects discovered :—		
Uncleanliness of Head	18,107	
Uncleanliness of Body	5,099	
Other Defects	7,457	
	—————	20,663 (21,610)

B.—Treatment of Minor Ailments.

Number of Dressings, etc., at Clinics for :—

Skin Diseases	68,661	(57,169)
Ringworm	25,552	(14,070)
External Eye Disease	22,893	(14,010)
Ear Diseases	18,281	(7,350)
Minor Injuries	8,969	..
Other Defects	12,180	(2,243)
Massage Treatment	6,160	(516)
	—————	—————
Total	162,696	(95,358)
	=====	=====

C.—*Visits to Homes* 11,452 (3,145)

D.—*Proportion of time given to different sections of Work.*

	HOURS.	%	HOURS.	%
Clinic Work	24,983 $\frac{1}{4}$	61.7	(15,327 $\frac{1}{2}$)	(61.4)
Examinations in Schools ..	7,856	19.4	(4,814 $\frac{3}{4}$)	(19.2)
Visits to Homes	3,294 $\frac{1}{4}$	8.2	(2,017 $\frac{1}{2}$)	(8.1)
Office Work	4,337	10.7	(2,824 $\frac{3}{4}$)	(11.3)
	<hr/>		<hr/>	
	40,470 $\frac{1}{2}$		(24,984 $\frac{1}{2}$)	
	<hr/>		<hr/>	

There are seven Medical Clinics in the City, three of which are Clinics. also used for Dental treatment. During the year under review, 19,241 children have made 174,446 attendances at the Medical Clinics. For treatment of Minor Ailments 13,988 children made 154,278 attendances or eleven visits per child. 13,320 children have made 16,735 attendances for Dental treatment, a total of 191,181 attendances at the Clinics for all purposes. On the medical side this shows an increase of 5,926 children and 78,376 attendances over the previous year. The Dental side shows an increase of 1,730 children and 885 attendances. The total increase on the figures for the previous year for all purposes is 7,656 children and 79,261 attendances.

Central Clinic.—The cases attending the Central Clinic are those which require special examination or treatment for such conditions as mental defects, tuberculosis, ringworm (where X-Ray treatment is necessary) defects of vision, nose, ear and throat, etc. Two half-days each week are given to the examination of cases which are recommended by:—(1) School Medical Officers (cases requiring prolonged or special examination). (2) Attendance Officers (cases where Officers are not satisfied as to the reason given for non-attendance at School). (3) Head Teachers (cases of doubt or difficulty). The number of such attendances was 17,161, which is a comparatively small figure; the examinations and treatment, however, are specialised, and the time required is considerable. There is in the Central Clinic a lack of waiting room accommodation, unwarmed passages alone being available apart from the Dental waiting room. The need for ample waiting rooms, modern examination rooms, with a proper water supply and up-to-date lavatories, merits the serious attention of the Education Committee.

Edgar Street Clinic.—Edgar Street Clinic has been remodelled, enlarged and brought up to date; the work is now carried out with greater efficiency and more comfort to the parents and children.

The Clinic is situated at a considerable distance from the Harehills District and more accommodation in that area is a matter for early consideration. The total attendances at the Clinic was 53,019, being more than double the number at any other single Clinic; to cope with this large amount of work the number of Nurses attending has been increased to six.

Hunslet Clinic.—Hunslet Lane Clinic has been found much too congested and quite inadequate for the number of cases which pass through it daily. More commodious premises have been secured in Powell Street, near the Hunslet Parish Church. The premises are being adapted for early occupation. It is intended to establish Dental, Eye and Massage Sections in addition to inspection and treatment of minor ailments.

Armley Clinic.—This Clinic also is being transferred to new headquarters. The old Liberal Club premises have been purchased and when altered will be arranged for Dental, Eye and Massage work, in addition to the minor treatment. By means of these two new Clinics, the congestion at the Central Clinic will be lessened, and the treatment brought nearer to the homes of the parents concerned.

Burley Road Clinic.—As was mentioned in the Report of last year, the dressing room at this Centre is small and inconvenient.

Holbeck Clinic.—Refraction work was commenced here during 1919 and is being continued. One parent has been prosecuted and bound over for using threats towards the Nurses at a Clinic. This fact is mentioned because it is imperative that Nurses who are doing their duty should have protection.

Of the 174,446 total attendances at the Branch Medical Clinics, no less than 12,628 (or $\frac{1}{13}$ th) were for uncleanly conditions. The attendances for lung complaints were more numerous in the Holbeck and Hunslet Districts which are the flat and low lying districts of the City.

Minor Ailments.—14,941 children made over eighty thousand attendances at the various Clinics for the following defective conditions, Uncleanliness, Impetigo, Other Skin Diseases and Defective Vision.

Whilst the incidence of Defective Vision cannot altogether be prevented, it can be lessened by bright and light Schools, well printed books and prevention of eye strain. The attendance from the first three conditions presents a more difficult problem, but the diseases are such that the incidence should be amenable to preventive measures.

The attendances at the Clinics for Impetigo were 34,451, a number so large as to be worthy of remark ; this disease is repulsive, and due to want of proper cleanliness of hands and face. The high figure for these diseases probably indicates a relatively higher standard of examination. Formerly a single sore would have been treated elsewhere, but as the purpose and usefulness of the Clinics become better known more use is made of them by parents.

Tonsils and Adenoids.—No definite information is available as to the form of treatment obtained. The Leeds Education Authority have not yet made provision for operative treatment and 3,299 cases of Nose and Throat defects are under observation pending facilities for treatment being provided.

Tuberculosis.—Under the Public Health (Tuberculosis) Regulations, 1912, 47 cases have been notified to the Medical Officer of Health during the year under review. This figure compares favourably with the 71 cases notified during the year ended 31st December, 1919.

Many of the cases of Pulmonary Tuberculosis in School children are of a mild type, and non-infective. For these children an Open-Air School is required. At present they are out of School for indefinite periods.

The Congress of the Tuberculosis Society was held in Leeds in the Spring of this year, in which the School Medical Officers took part.

Ringworm.—The total number of children affected with Ringworm of the head was 1,975 ; of this number 1,508 have been excluded from attendance at School. The milder cases received treatment at the Branch Clinics whilst the more severe cases to the number of 288, were treated by X-Rays. The average time required to cure the disease by this treatment was 32.1 days as compared with 47.5 in 1919.

Scabies.—There is no diminution in the number of children affected with Scabies, or Itch, as compared with the previous year. The number of re-examinations has increased and sixty more cases have been cured.

The arrangements for the use of the baths at the Cleansing Stations at Kidacre Street and Stanley Road, for the treatment of this disease on two half-days each week, have been continued and 850 cases have been dealt with during the year.

External Eye Disease.—Children suffering from External Eye Disease were treated at the Branch Clinics daily, and for this purpose 1,654 children made 22,312 attendances during the year. Serious cases are seen at the Central Clinic on one half-day each week where 1,634 attendances were made for the following defects :—

Blepharitis..	..	..	..	..	680
Conjunctivitis	..	..	..	..	323
Keratitis ..	..	..	..	..	21
Corneal Ulcers	..	..	..	..	147
Corneal Opacities..	..	..	..	..	80
Other Diseases	..	..	..	..	383
					<hr/>
					1,634
					<hr/>

Defective Vision.—Additional facilities have been provided for the treatment of cases of Defective Vision. The arrangement for the attendance of Dr. Hopton on five half-days per week has been continued, and in addition three of the Medical Officers undertake Refraction Work.

The proposed new Clinics for the Armley and Hunslet Districts are being equipped for treatment of defective vision and a Refraction Room has been provided at the Edgar Street Clinic. Defects of vision will for the future be dealt with at the Central Clinic and at four Branch Clinics, viz. :—Armley, Edgar Street, Holbeck and Hunslet.

In order to secure more thorough supervision, each School Department in the City has been supplied with a Vision Register in which the teachers have been requested to enter the names of children with defective vision. To assist in compiling the Registers a list is forwarded to the Schools each week of children for whom glasses have been prescribed at the School Clinics. The School Medical Officers during their visits to the Schools test the vision of the children whose names are entered in the Registers ; in this way children who have lost their glasses, or who are not wearing them, are discovered. These cases are re-inspected annually by the School Medical Officers. 5,972 cases have been reported as requiring Refraction treatment during 1920 ; of these 373 have obtained treatment, either privately or through the Local Hospitals, and 4,011 cases have attended the School Clinics. Glasses were prescribed at the Clinics for 3,589 children, treatment other than glasses was recommended in 88 cases, and in 321 cases the Surgeon reported that no further treatment was necessary.

Prior to 1920 the prescriptions were handed to the parents, who took them to local Opticians with whom arrangements had been made for the supply of spectacles, and the payments were made direct by the parents. It was found, however, that many parents did not trouble to have the prescriptions made up, and there was difficulty in tracing such cases ; it was therefore decided to supply the glasses direct through the Education Committee. A tender for the supply of spectacles was accepted from a London Firm, and during the year 3,705 pairs of spectacles have been provided, the full cost having been paid by the parents in 3,419 cases ; spectacles were supplied free of charge to 66 cases and on the instalment system in 220 cases.

Children are admitted to the three classes for Myopes and the School for Blind on certification by the Ophthalmic Specialists. Children with a defect of -5D or over are eligible for admission to the Myopic Classes.

Ear Disease and Hearing.—The special treatment required for ear, nose and throat diseases is carried out at all the Branch Clinics, whilst cases of a serious nature are referred to the Central Clinic, where Mr. Alexander Sharp, C.B., C.M.G., M.D., F.R.C.S. Ed., etc., continues to render valuable services as Consulting Surgeon.

The Central Clinic attendance was as follows :—

Defective Hearing	..	..	..	199
Otitis Media	..	..	..	600
Enlarged Tonsils	..	..	..	6
Adenoids	..	..	..	18
Tonsils and Adenoids	..	..	..	38
Other Diseases	..	..	..	123
				<hr/>
				984
				<hr/>

At the Branch Clinics 1,278 children have been treated for ear, nose and throat diseases during the year, which necessitated 18,690 separate attendances, or an average of 14 attendances per child. Otitis Media and other ear and throat conditions respond slowly to treatment and this figure of 14 attendances per child is reasonable.

The extent of Dental Disease amongst all types of scholars continues to be considerable, for in the Elementary Schools 61.4 per cent., and in the Secondary Schools 85.5 per cent. of the children examined needed Dental treatment. These percentages represent

Dental
Defects.

a deplorable amount of dental unfitness, of which much is preventable.

There is still a certain amount of apathy on the part of many of the parents upon the subject of Dental Disease of their children, although the attendance for treatment has improved during the year.

Instruction on Dental Hygiene is frequently given to the elder children by the School Medical and Dental Officers, which will undoubtedly have far reaching effects. Mr. H. Alvin Mahony, L.D.S., who was appointed Senior School Dental Officer on the 1st July, 1920, reports upon the Dental work as follows :—

“Dental Inspection.—Under the Committee’s Scheme the Elementary School Children eligible for Dental Inspection and Treatment were those in Age Groups six to eleven inclusive, numbering approximately 48,000 children. As will be seen from Tables II. and VI., the number actually inspected was 34,908. As the Scheme provides for re-inspection within a year the work is about three months in arrears. During the coming year a further Age Group (12) is automatically added, so that the number of children for inspection will be approximately 56,000.

Of the 34,908 children inspected, 20,824 or 62% were referred for treatment as compared with 36,577 and 25,960 (71%) respectively for the year 1919. The average number of children inspected at each session has increased from 77 to 82.

Dental Treatment.—The parents or guardians of 12,356 of the children referred for treatment, or 59% accepted treatment, as compared with 49% in 1919. 11,730 or 56.3% actually attended for treatment as compared with 36% in 1919. In addition; 1,590 children attended for casual treatment.

The fact that 20,824 out of 34,908 were referred for treatment does not mean that the remaining 14,084 have sound teeth. With the staff available treatment is of necessity limited to the preservation of such permanent teeth as can be treated by simple fillings and to the extraction of others; as well as the extraction of such temporary teeth as are causing trouble. It is not practicable to attain the ideal, which would be the conservative treatment of all defects in temporary as well as permanent teeth, but the preservation of temporary teeth in mouths which are comparatively well kept, might be extended, and would obviate treatment at later stages.

Whilst the statistics for the year under consideration are in many ways gratifying, it must, with regret, be recorded that the

condition of the mouths of the children in the Schools is on the whole unsatisfactory.

The true test of School Dentistry is not to be found in records of operations but in the condition of the mouths of children at school leaving age. The School Dental Service in Leeds has not yet been in existence sufficiently long for that test to be applied.

Dental Disease is, to a great extent, avoidable, and the large amount of treatment necessary is due directly to the failure of parents to recognise that fact.

Efforts to educate the parents as to the necessity for preventing Dental Disease are urgently necessary. It is proposed to organise lectures to teachers on the care of the teeth, and to attempt to get into touch with parents on "Open-days" at Schools.

The causes of Dental Disease.—There is little doubt that one of the main factors in the causation of dental caries is the accumulation of food around, and in the depressions of, the teeth. The fermentation of these accumulations of food, by the production of acids, leads to softening of the enamel, which is the protective layer of the tooth, and makes way for the entry of organisms which by their action upon the dentine produce the condition known as dental caries or decay. It is of importance that this accumulation of food should be prevented:—

- (a) By efficient use of the teeth in masticating food and by the washing of all surfaces of the teeth by the movement of saliva aided by the tongue, the lips and cheeks.
- (b) By the use of self cleansing fibrous foods, especially at the end of a meal at which food of a soft nature has been eaten.
- (c) By the efficient use of the tooth brush.

There is an almost entire absence in some of the schools in Leeds of any evidence of the effective use of the tooth brush. Even in the cases where any claim is made that teeth are brushed, it is evident that the brushing is confined to the larger surfaces which are to some extent cleaned by the movement of the lips, and that the interspaces and depressions are untouched. There is great need for impressing upon the parents the absolute necessity of providing a tooth brush for each member of the family.

The marked difference between the teeth of children in the Elementary Schools and those of children in the Home for Blind and Deaf, Blenheim Walk, and the Industrial Schools at Shadwell and Thorparch is ample demonstration of what can be done by the regular and systematic use of the tooth brush and by the institution of a suitable dietary. There are considerable difficulties in the way

of tooth brush drill in the Elementary Schools, but undoubtedly some means of ensuring that children use a tooth brush at least once a day are called for.

Recent investigations have strengthened the view that the influence of diet on the teeth is not only local but general. The influence of foods containing vitamins on the development of teeth and bones is now well recognised, and, as calcification of the teeth commences about the fifth month of foetal life, the diet of the mother during pregnancy, and the efficiency of her teeth to masticate the diet, may have considerable influence on the quality and resistance to hostile organisms of the teeth of the child. It may, therefore, be said that the work of the School Dental Service really commences in the Maternity Clinic. The diet of the child, from birth onwards, also has a general influence on the teeth, and in addition to its vitamin constituents being considered it should be such as will require effective use of the teeth as soon as they are available. The co-ordination of Maternity and Child Welfare Clinics with School Clinics is of the utmost importance in improving the dentition of the child.

Treatment of Irregularities of the Teeth.—Marked irregularity and over-crowding of the teeth are found amongst the children inspected in the Schools. This deformity not only affects the appearance of the children but decreases the efficiency of the teeth in performing their function of mastication and increases the liability to dental caries.

There is a tendency for the number of these cases to increase owing to the fact that the early extraction of temporary teeth (which is so often necessary to relieve urgent symptoms of pain or suppuration) leads to the irregular eruption of permanent teeth.

A few cases of irregularity have been treated at one of the Clinics, but as these cases require special attention at frequent intervals as well as apparatus which may be costly, any scheme for adequate and systematic treatment of these cases in the School Clinics would necessitate additional accommodation and staff. It has, however, been possible to arrange a joint scheme with the University and Dental Hospital Authorities by which cases selected from the schools will receive treatment in the Dental Hospital at a special clinic. This treatment extends over prolonged periods, involving many attendances at the Clinic and special care of the apparatus. Parents will therefore be required to give guarantees before this treatment is attempted that the children will attend at the Clinic as often as may be required. The work of this Clinic will commence immediately.

Secondary Schools.—The fact that 85 per cent. of the pupils are found to be in need of treatment fully justifies the institution of a scheme for the dental inspection of the children in Secondary Schools. The number of children who showed any signs of receiving systematic dental attention was very low. A special record was made in a typical school of children who had received any conservative dental treatment and was found to be only 12.9 per cent., whilst the percentage of those requiring such treatment to preserve permanent teeth was 80. At each school visited a short lecture on the causes of dental disease, and the means of prevention, was given to the children. Similar lectures have been given in the Elementary Schools and will be continued as opportunities occur.

Two additional Dental Clinics are in course of preparation to deal with the Hunslet and Armley districts and will be ready for occupation about April.

The Staff now consists of six Dental Officers and five Dental Attendants. Owing to certain changes the average number of Dental Officers throughout the year was five. At least one additional Dental Officer is required if the scheme is to be effectively carried out."

There are five agencies in the City for the care of invalid or crippled children :—the Leeds Invalid Children's Aid Society ; the Council of Social Service ; the Children's Summer Holiday Fund ; the Poor Children's Holiday Camp Association ; and the School for Cripples in Clarendon Road. The School Medical Officer is in close touch with each of these Organisations. At the School for Cripples monthly visits are paid. Two Nurses are fully employed at the School in connection with Massage and Remedial Exercises, supervision of dinners, ambulance journeys, the dispensing of Cod Liver Oil and Malt, and Milk. The Massage Department is referred to in this Report on Page 26.

Crippling
Defects and
Orthopædics

During the year under review 58 children have been certified for admission to the School for Physically Defective Children, but owing to lack of accommodation 32 children are still awaiting admission. A number of crippled children cannot attend the School for Cripples owing to the distance of their homes from the present ambulance routes.

The crippled children are conveyed to and from School in a slow and overcrowded horse ambulance, doing three restricted journeys, out and home, each day. The latest arrivals at School in the mornings are those at 10, and the first departures in an afternoon are those at 3. It is recommended that this antiquated

ambulance be replaced by one or two large motor ambulances, which could go further afield, and collect the children much nearer their homes ; in addition the arrival of the children at School would be accelerated.

It has been shown in previous Reports that the building in Clarendon Road is most unsuited to the work for which it was adapted. It should be discarded as soon as proper and modern buildings can be provided.

In September the Committee decided to make a grant of £50 to the Leeds Invalid Children's Aid Society towards the cost of Surgical Dressings, Milk, Malt Extract, etc., supplied to School Children, subject to a satisfactory arrangement being made for the co-ordination of the work with that of the School Medical Service. After consultation with members of the Society it was decided, in view of the close proximity of the Head Quarters of the Society to the Clarendon Road School, that the grant should be devoted to children attending the School for Cripples.

The Committee have decided during the year to assist necessitous cases with regard to the supply of surgical appliances, such as splints, leg irons, crutches, etc., recommended by the Medical Staff. The Scheme was approved by the Board of Education subject to the appliances being necessary to enable the child to attend, or to continue to attend a Public Elementary School, and to the Authority being satisfied that the parents are unable to defray the cost.

Orthopaedic Treatment.—There is a marked increase of attendance for Massage and Remedial Exercises given to Orthopaedic cases.

This treatment is given daily at Clarendon Road School for Cripples, and two weekly classes are held at the Central Clinic, one for Boys and one for Girls. The children attending have derived great benefit from the treatment given. Further provision is being made for an extension of this work at the new Clinics at Armley and Hunslet.

No. of Attendances for :—

Rickets	..	..	..	..	..	2,742
Spinal Curvature			..	..	..	746
Infantile Paralysis			..	..	..	1,742
Other Diseases	..	..	..	..	..	930
						<hr/>
						6,160
						<hr/>

Many children on account of temporary ill health or constitutional delicacy are unable to attend ordinary Elementary Schools. A few months in an Open-Air School would secure complete recovery for many of these children. The total number of such children so far as is known is 255, some of whom are absent from School for many months. This absence could be readily shortened by the institution of one or two Open-Air Schools. The buildings need only be of the simplest character and one storey in height; wooden hutments erected in a sheltered and sunny district would adequately fulfil the requirements. Consideration of this question by the Committee is a matter of the most urgent importance.

Playground Classes.—In several Schools of the City, certain classes are held in the playgrounds during suitable weather.

School Journeys.—The Head Teachers of a considerable number of Schools have organised "School Journeys" for the older boys and girls.

School Camps.—Shadwell Industrial School has had a Summer Camp for some years and a few Elementary Schools have organised camps for the older scholars.

A report from the Organisers of Physical Training is appended.

Various Dinner Centres have been inspected. The general arrangements are good, the condition of the premises is cleanly and the meals are well served.

The arrangements for weighing the children each month has been continued, and those not making satisfactory progress are brought to the attention of the School Doctors. Cases of Malnutrition are given free meals when recommended by the Medical Officers.

There are three swimming baths under the Control of the Education Committee and available for the children. Particulars regarding the arrangements for teaching swimming are given in the report of the Organisers of Physical Education.

Parents are invited to attend the Schools at the Medical Inspection of their children, and at the Re-inspection in cases where the treatment has not been carried out. The number of parents who attend is disappointing and shows a decrease from year to year, viz. :—57.3% in 1920 as compared with 69% in 1913.

It is found that where the Medical Officer has an opportunity of a personal interview with the parents, a much better response in regard to treatment is obtained, and the parents evince an

Open-Air
Education

Physical
Training.

Provision
of Meals.

School Baths.

Co-operation
of Parents.

appreciation of the advice given. When printed notices are sent to the parents they are frequently ignored, and it is in these cases that difficulty arises in regard to treatment. Some parents still fail to appreciate the work of the School Medical Service on their children's behalf, and show their disapproval by aggressive letters. These however are usually from the parents of verminous children.

The number of parents who now object to the Inspection of their children is becoming negligible. During the year there were only 14 cases.

Co-operation
of Teachers.

As already stated part of the preparatory work for Medical Inspection of the children falls upon the teachers ; they pass on to the parents, through the children, notices of the defects discovered, and forward to the Education Offices the replies of the parents as to the treatment carried out. The Teachers are notified of any defect which necessitates a modification of the School work, for instance, defects where physical exercises would be injurious ; or the proper placing of a child with defective hearing or defective vision. They are also informed as to the children required at the Clinics for treatment, and requested to use their influence to secure their attendance.

The majority of the teachers have rendered cheerful assistance in the Medical Inspection and treatment of the children. It is only by the hearty co-operation of the Teachers with the Doctors and Nurses that the full benefit of the School Medical Service can be secured.

Co operation
of School
Enquiry
Officers.

The School Enquiry Officers render valuable service in connection with the "Following Up" of defects in those cases where the parents do not prove amenable to notices or to visits by the Nurses. The Enquiry Department also undertakes the prosecution of parents of children excluded from School by the School Medical Officers. During the year 431 cases have been summoned, 424 on account of verminous conditions and 7 on account of failure to provide treatment for Defective Vision. Fines varying from 2s. 6d. to 20s. have been imposed. In four cases where the home surroundings were very unsatisfactory the children were committed to residential Industrial Schools.

There is close co-operation between the Medical Service and the Enquiry Department ; the Medical Clinic Record Cards are passed daily to the Enquiry Officers, who abstract such information as they require.

Upon two half-days each week the School Medical Officer examines those cases where the School Enquiry Officers are not

satisfied as to the reason given for non-attendance at School. They also give information to the School Medical Officer of those cases in which absence is due to Infectious Sickness.

REVIEW OF THE WORK UNDERTAKEN BY VOLUNTARY BODIES.

Co-operation
of Voluntary
Bodies.

- (a) The General Infirmary at Leeds at which the following provision is made :—

90 cots are provided for children and a few beds in adult wards.

Infants' Department under a Home Physician.

Out Patients' Department for Children.

Further extensions for children are under consideration.

- (b) Leeds Public Dispensary (Out-Patient and Home Visiting) with Special Massage and Electrical Departments.

- (c) *Agencies for the care of Cripples.*

- (a) Leeds Invalid Children's Aid Society of which the objects are :—

- (1) To help to provide surgical apparatus, crutches and spinal carriages.
- (2) To arrange and help to pay for maintenance of crippled and invalid children in Convalescent Homes and also at the Marguerite Home, Thorparch.
- (3) To provide for the upkeep of the Marguerite Home.
- (4) To maintain workshops for crippled boys and girls who are above school age.
- (5) To visit in their homes and teach in groups or individually, the crippled and permanently invalided children of the City—who are too delicate to attend ordinary Council Schools.
- (6) To provide and superintend the serving of a daily hot dinner at the Clarendon House Special School for cripples.

Income about £3,500 per annum (£1,200 of this being from parents and proceeds of workshops.)

- (b) Council of Social Welfare, which gives grants to cases sent them by the Infirmary or Dispensary.
- (c) Children's Summer Holiday Fund which sends delicate children or minor cripples to various Country and Seaside Homes and Lodgings.
- (d) Leeds Poor Children's Holiday Camp Association which has a Bungalow in Cumberland with accommodation for about 100. Some 700 children are sent each year.

Blind Children.—Two children have been certified for admission to the School for Blind and 52 children for admission to the Special Classes for Myopes.

Deaf Children.—During the year 18 children have been certified for the School for Deaf.

Special Schools.—The Central Clinic acts as a Clearing House for all cases of a special nature.

Blind children are notified to the Education Department usually by parents or Enquiry Officers. The children are then examined by one of the Eye Specialists who recommends admission to the School for the Blind in Blenheim Walk, or to one of the Special Classes for Myopes.

Deaf Children are dealt with by the School Medical Officers who, if necessary refer them to the Ear Specialist.

Mentally Defectives.—In May last a special course of study on Mental Deficiency was organised and carried out by the University of London. The School Medical Officer and the Senior Assistant Medical Officer attended the Course. The Binet and Simon Method of examination of these cases which was in operation in Leeds was discarded during the summer and the Stamford Revision Scheme introduced. Whilst the former system had much to commend it, the ascertained mental age was only correct within one year, whereas with the latter system the mental age is obtained within two months of exactness.

There are 681 dull and backward children in the Elementary Schools of the City, 173 of whom are retarded three years in Educational Standard. As these children are unable to make ordinary educational progress for want of individual attention and as it is amongst these cases that the mentally defectives are found it is recommended that special small classes be formed. By this means the individual child could be kept under observation and the backward assisted to return to normal classes whilst there would be a thorough sifting of those who appear to be below normal before transference to a Special School.

Children reported by the teacher to be three years below the Educational Standard for their age, or by the Medical Officer as dull or backward, or cases specially selected by the teacher are examined at the Central Clinic for Mental Deficiency.

During the year 210 children have been so submitted for examination with the following results :—

To continue in attendance at an ordinary Elementary School	129
Certified for Day Special Schools for Mentally Defective Children	43
Excluded from School pending examination at a later date	12
Certified as Imbeciles	11
Certified as Idiots	1
Certified as Uneducable	3
Certified for Residential Schools for Mentally Defective Children	7
Recommended for discharge from Special Schools :—	
(1) On the ground that they are unable to receive benefit from the instruction	2
(2) To be transferred to Shadwell Industrial School	1

A girl in the Thorpach Industrial School was examined in view of the report on her conduct. It was recommended that she should be placed under constant care and observation.

The training of the older children, particularly the boys, is one which is recommended for early consideration by the Education Committee. There are some 70 older boys in the Special Schools of the City who have to mix, in general School work, with little girls and younger boys varying from 7 to 16 years of age. This association has the effect of shaming the lads and lessening their self-respect and in addition they are not under the disciplinary influence of a male teacher.

After the age of 13 it is doubtful whether mental work is of much avail and the training should resolve itself into practical or Manual Training which would be of inestimable benefit. The domestic subjects taught to the older girls might likewise with advantage, be increased.

Many of the children in the Schools for Mental Defectives formerly brought their dinners daily. In view of the lack of nutritious value of the food arrangements were made for hot meals to be served in the Armley, Hunslet Lane and East Leeds Special Schools.

The usual quarterly visits have been paid to these Schools.

Complete arrangements have been put into operation for the after care of Mental Defectives by the Local Committee, of which the School Medical Officer is a Member.

Epileptics.—Nine children who were reported to be suffering from Epilepsy have been examined. Six were recommended to

continue in attendance at ordinary Schools, two were excluded from School, and one was recommended for admission to a Residential School for Epileptics.

There are 76 cases of Epilepsy amongst School children of the City ; of this number 49 are attending ordinary Elementary Schools. The attendance of these children in an ordinary School causes fear and distress to the other children, and their chances of recovery are much less than when they are placed in open air conditions, with suitable feeding and graduated medical treatment.

As has been pointed out in former Reports, there is no School specially set apart for these cases under the Authority. A small annexe to an Open Air School would provide for these cases.

Nursery
Schools.

The Education Committee have purchased a house in the Hunslet district which is at present being adapted for use as a Nursery School.

Secondary
Schools.

The following Scheme for the Medical Inspection of pupils attending Secondary Schools has been approved by the Board of Education :—

Section 18 of the Education Act, 1918, places upon Local Education Authorities duties and powers with regard to the provision of Medical Inspection and Treatment of children and young persons attending :—

- (1) Secondary Schools provided by them.
- (2) Continuation Schools under their direction and control.
- (3) Any other Schools or Educational Institutions provided by them.
- (4) Any Schools or Educational Institutions whether aided by them or not if so requested by the Managers.

The following Scheme is proposed to give effect to the Section of the Act in Leeds.

Preliminary Notice of Requirements.

It is suggested

- (a) That a paragraph should be inserted in the Prospectus of each School that Medical Inspection is a condition of admission to the School.
- (b) That Head Teachers should notify the parents of children now in attendance when sending out the Reports at the end of the present Term of the requirements of the Board of Education with regard to the Medical Inspection of pupils attending Secondary Schools.

Children eligible for Examination.—The Regulations of the Board of Education require that “provision must be made for the medical inspection of pupils (i.) during the first term after their admission to the School or Institution (ii.) in each subsequent year of their age during the period of their attendance, except that provision is not required to be made for this Annual Inspection of pupils below the age of 12.”

In a subsequent circular the Board state that a complete examination need not necessarily be made each year but insist on a complete examination at the ages of 12 and 15.

It is proposed that the following classes of children should be medically inspected in Leeds :—

- (a) Entrants who have not been examined during the previous year in an Elementary School.
- (b) Children between 8 and 9 years of age who were not examined as Entrants or at an Elementary School during the previous year.
- (c) Children between 12 and 13 years of age who were not examined during the previous year.
- (d) Children 15 years of age or over who have not been examined since reaching the age of 15.
- (e) Special cases that in the opinion of the Head Teacher require Medical attention.

For Re-inspection.

All children 12 years of age and over not due for Routine Inspection.

In the first instance, pupils who do not come within the above categories to be left until they reach an eligible age.

Conduct of Examinations.—Provision must be made for the inspections to be held in the presence of those persons only who are directly concerned with the inspection of the child. The examination must take place in a private room. All records must be regarded as strictly confidential.

Prior to arrangements being made for the Medical Officer's visits, a return must be supplied by the Head Teachers on the form provided, showing the number of children eligible for examination.

Notification will be forwarded from the Office giving the dates of the Medical Officer's visits. A supply of material will also be sent.

The Head Teachers are required to fill in the particulars on page 1 of the Medical Record Card with the exception of Chest Measurement. Information should also be obtained as to the previous illnesses from which scholars have suffered and also any particulars of the Family Medical History. It is suggested that the latter facts should be obtained on the admission of the child to the School, and entries made later of any subsequent illnesses.

In order to secure that the full medical history of a child is entered on one card, it is essential that the same card should be used at all the examinations during the child's School life. Duplicates must not be made out.

In filling up the particulars on the card, the following points should be observed :—

SECTION A.

Address of Child.—The postal address should be written on one line only, the remaining lines being reserved for any Change of Address.

SECTION B.

- (i.) *Regularity of Attendance.*—The entries should be either Satisfactory or Unsatisfactory as the case may be.
- (ii.) *Clothing and Footgear.*—The entries should be either Satisfactory or Unsatisfactory. Note the type of dress usually worn, viz. :—blouse and skirt or tunic—the nature of underclothing—whether garments are suitable and allow sufficient freedom of movement—corsets.
- (iii.) *Height and Weight.*—The weight and height of the scholars should be entered on the Record Card in stones and pounds to the nearest quarter of a pound, and in feet and inches to the nearest quarter of an inch. The pupils should be weighed in ordinary indoor clothing with boots removed, and their heights taken whilst standing on the heels with boots removed.
- (iv.) *Nature of Employment.*—In the case of pupils employed out of School Hours state the nature of the employment and the number of hours engaged per week.

SECTIONS C AND D.

Previous Illnesses of Child and Family Medical History.—This information should, if possible, be obtained prior to the examination. Illnesses from which a child has suffered since a previous examination should be entered.

This information is of particular importance.

SECTION E.

- (a) The eyesight of pupils *over 6 years of age only* should be tested.
- (b) Pupils should be placed at a distance of 20 feet from the Test Card in a well-lighted room, the card should be well illuminated.
- (c) Pupils should be first tested without and then with glasses if worn. The number of the line below which they are unable to read first without glasses and then with glasses, should be entered in pencil on this section of the Record Card for the information of the Medical Officer, who will afterwards complete the entries.
- (d) Pupils should be tested privately, to prevent any possibility of their memorising the letters, and each eye should be tested separately.
- (e) Pupils unable to read line 4 or above with each eye separately or who are subject to headache or apparent eye strain should be specially referred to the Medical Officer to be re-tested before the result is finally entered on the Record Cards.

“*Following Up.*”—Head Teachers will, in the first instance, notify parents of defects discovered and recommend them to consult their private Doctor.

A Re-inspection of such pupils will be made after about a six weeks' interval ; cases which have not then received treatment will be dealt with from the Education Offices.

Facilities for treatment at the School Clinics will be provided for cases requesting such treatment.

The following charge will be made in such cases :—

For Refraction work (not including spectacles)	10/6 per case.
For Dental Work	4/6 per case.
For Massage and Remedial Exercises ..	1/ per visit.
For X-Ray Treatment	21/- per case.
For Treatment of Minor Ailments	2/6 per case.
For Minor Operations	According to nature of operation.

Teachers will be at liberty to recommend deserving cases for special consideration.

Dental Inspection and Treatment.—Separate cards will be used for recording Dental defects. The particulars on the head of the

card should be filled in by the Teachers who will be notified of the dates on which the School Dentist will attend. A List of children reported defective will be supplied to Head Teachers, who will notify the parents and recommend them to take the children to a qualified Dentist.

A Re-inspection will be held after about a six weeks' interval. Cases not treated to be offered facilities at the School Clinics.

Exclusions and Infectious Sickness.—Pupils whom the Medical Officer found it necessary to exclude on account of uncleanliness or other contagious disease should not be allowed to resume attendance until a certificate is supplied that they are free from the danger of conveying infection.

Pupils suffering from infectious sickness should be excluded in accordance with the Regulations.

Results of
Medical
Inspection.

Malnutrition.—The total number of Malnutrition cases found in the Secondary Schools was 148, of which seven were referred for treatment and forty-two for observation.

Uncleanliness.—There were 63 cases of uncleanliness of the head, all of which were treated. This figure is small and compares favourably with the figures of previous years.

Defective Vision.—Defective Vision in these Schools calls for comment. No less than 890 cases were discovered out of 1,472 examined, of which 262 were of a pronounced type and needed early attention. Nearly 61.7% of all pupils in the Secondary Schools had defective vision, as compared with 56.1 in the Elementary Schools.

Heart and Circulation.—There were 124 cases of heart or circulatory diseases reported; this total includes 44 cases of Organic Disease of which only 10 needed treatment; and 79 cases of Anæmia of varying degrees of severity.

Rickets and Deformities.—The number of cases of Rickets is small. Cases of other deformities number 196, many of these being postural in origin and mild in type and needing only remedial exercises for correction.

Continuation
Schools.

There are at present no Continuation Schools under the control of the Leeds Education Authority.

Employment
of Children
and Young
Persons.

A review of the conditions of employment of children and young persons under the Employment of Children Act, 1903, and the Education Act, 1918, is shewn in Appendix "B" by the Chief Inspector for the Employment of Children.

The School Medical Officer does not attend the Advisory Committee for Juvenile Employment.

In 1919 the School Medical Officer interviewed the Chief Inspector of Factories for the District, who was good enough to arrange a meeting between the School Medical Officer and the Factory Surgeons of the area. As a result of this Conference the following certificate was prepared, but in view of the altered leaving age, its issue was held in abeyance :—

LEEDS EDUCATION COMMITTEE.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Education Offices,
Calverley Street,
LEEDS.

THIS IS TO CERTIFY THAT

.....
is recommended as suitable for

Any Employment.

Outdoor employment.

Light employment, *i.e.*, clerical work, etc.

Signed.....

School Medical Officer.

Date.....

From 1st January, 1921, this form will be filled in at the time of the examination of every child of leaving age. They will be available for the Factory Surgeons and employers.

During the year, 978 children have been examined for employment ; the majority of these had undergone previous examination in the Schools, which allowed for a complete medical survey from the time of entrance onwards.

The number of examinations was	..	1045
No. refused on medical grounds ..	..	18
Number with defects .. ..	..	17
Number who had defects corrected	..	17

It will be noted that the refusals are almost negligible, and that all defects have been corrected. In those cases where the defect could be rectified in a short time, a temporary certificate was given for a period of 28 days. Upon the whole, the condition of the children was satisfactory, the nutrition was good and the majority were well and warmly clad, with good and sound boots. A considerable number of boys were dirty, particularly with regard

to the feet ; a small number of girls were found with unclean heads. In the presence of these conditions the certificates were withheld and the cases re-examined at weekly intervals. A considerable number of children suffered from partial flat foot ; in such cases the necessary advice was given.

Special
Enquiries.

Dr. McGillivray made an investigation into the cases of Defective Vision examined at the Refraction Clinics during the years 1916-1919 inclusive. His enquiries covered 3,639 cases (with vision less than 6/12 R. & L.) varying in age from 4 to 14 years.

The results give no real indication as to the relative frequency of refractive errors in School Children, but they show that practically 49% of the cases required treatment for Hypermetropic Astigmatism, and 15.2% for Myopia and Myopic Astigmatism.

Dr. Clapham commenced an exhaustive research into the causes of Rickets. As this enquiry is still proceeding no results are available for publication. Dr. Clapham also made enquiries into the effect of Measles upon the nutrition of the teeth.

Miscellaneous.

Scholarship Cases.—The number of Scholarship candidates examined was 367, the majority of whom were of good physique, well cared for, adequately clothed, and nourished.

Defects found in Examination of Scholarship Candidates :—

Defective Vision ..	..	98
Verminous Heads ..	..	24
Defective Teeth ..	..	73
Enlarged Tonsils ..	..	19
Other Defects ..	..	26
		—
		240
		=====

Number of cases satisfactory at first Inspection—255.

Stage Licences.—Fourteen children have been examined for this purpose and the necessary certificates issued. The sanitary arrangements, the dressing rooms, and the conditions under which the children perform at the various theatres, were inspected by the School Medical Officer ; any advice given or suggestions made were well received by the Management. Separate sanitary conveniences for the children are desirable.

Old Clothing.—It has been customary for a number of years for the Medical Section to collect a certain amount of partly worn clothing for distribution to needy children. The demand this winter has been greater than usual.

Medical Inspection of School Children has done much for the ^{Conclusion.} welfare of the children, but much, however, remains to be done. In order to effect a further improvement Open-air Schools, an Epileptic School and an up-to-date School for Cripples are urgently required.

The introduction of more practical and manual training for the older boys and girls in the Schools for Mental Defectives, together with a re-organisation of the Central Clinic, where the conditions at present are unsatisfactory, are matters for early consideration by the Education Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

ALGERNON E. L. WEAR,

School Medical Officer.

CLINIC WORK.—TABLE I.

RETURN OF ATTENDANCES AT MEDICAL CLINICS FOR ALL PURPOSES, 1920.

NUMBER OF INDIVIDUAL CHILDREN .. 19,241.

[illegible]

TABLE II.
SUMMARY OF THE WORK OF THE SCHOOL DENTAL OFFICERS.

	SECONDARY SCHOOLS.			CENTRAL CLINIC.				EDGAR STREET CLINIC.				HOLBECK CLINIC.				Total No. of Sessions.	TOTAL.
	ROUTINE CASES.		TOTAL.	No. of Sessions.	New Cases.	Re- inspec- tions.	TOTAL.	No. of Sessions.	New Cases.	Re- inspec- tions.	TOTAL.	No. of Sessions.	New Cases.	Re- inspec- tions.	TOTAL.		
	No. of Sessions.	Children Examined.															
No. of Children examined	41	3,867		249	8,438	12,520	20,958	93	2,721	4,626	7,347	92	3,252	4,941	8,193	475 (502)	40,365 (38,731)
No. of Children requiring treatment	—	3,310	—	—	5,252	6,113	11,365	—	2,247	3,349	5,596	—	2,264	3,189	5,453	—	25,724 (28,114)
No. of Children accepting treatment	—	—	—	—	3,771	3,144	6,915	—	1,683	2,186	3,869	—	1,577	1,585	3,162	—	13,946 (14,804)
No. of Children actually treated	—	—	—	—	3,897	2,780	6,677	—	1,663	1,762	3,425	—	1,572	1,646	3,218	—	13,320 (11,590)
No. of Attendances for extraction	—	—	—	237	3,411	2,278	5,689	123	1,595	1,279	2,874	77	1,261	731	1,992	437 (484)	10,555 (9,692)
No. of Teeth extracted— Temporary	—	—	—	—	10,539	5,687	16,226	—	5,313	3,058	8,371	—	3,437	2,129	5,566	—	30,163 (30,699)
Permanent	—	—	—	—	1,830	1,218	3,048	—	382	492	874	—	460	275	735	—	4,657 (4,433)
No. of Attendances for Fillings, etc.	—	—	—	395	1,036	1,623	2,659	255	577	1,179	1,756	329	820	1,481	2,301	979 (890)	6,716 (6,069)
No. of Teeth filled	—	—	—	—	1,702	3,377	5,079	—	944	1,952	2,896	—	1,146	2,376	3,522	—	11,497 (11,833)
No. of Dressings, Scalings, etc.	—	—	—	—	—	—	154	—	—	—	23 2,849 (9 local)	—	—	—	281	—	458 (189)
No. of Anaesthetics given	—	—	—	—	—	—	5,494	—	—	—	—	—	—	—	1,937	—	10,280 (9,517)
No. of Appointments made	—	—	—	—	—	—	10,977	—	—	—	6,282	—	—	—	5,111	—	22,370 (23,484)
No. of Appointments kept	—	—	—	—	—	—	8,358	—	—	—	4,624	—	—	—	3,753	—	16,735 (15,850)

The figures in brackets represent the corresponding total for 1919.

TABLE III.
NUMBER OF CHILDREN INSPECTED.
1st JANUARY, 1920, TO 31st DECEMBER, 1920.

A.—ROUTINE MEDICAL INSPECTION.

ENTRANTS.						
AGE.	3	4	5	6	7	TOTAL.
Boys	10	774	2,872	1,265	480	5,401
Girls	10	715	2,953	1,198	492	5,368
Totals ..	20	1,489	5,825	2,463	972	10,769

	INTER-MEDIATE GROUP.	LEAVERS.			OTHER AGES.	TOTAL.	GRAND TOTAL.
AGE.	8	12	13	14			
Boys	3,032	3,133	433	19	1,297	7,914	—
Girls	2,964	3,315	500	17	1,280	8,076	—
Totals ..	5,996	6,448	933	36	2,577	15,990	26,759

B.—SPECIAL INSPECTIONS.

	Special Cases (Clinic Cases).	Secondary Schools.	Trades Schools.	Special Schools.	NO. OF RE-INSPECTIONS.		
					At Schools.	At Clinics.*	TOTAL.
Boys ..	17,333	731	41	166	12,945	140,575	153,520
Girls ..		741	—	113			
Totals ..	17,333	1,472	41	279	12,945	140,575	153,520

* Excludes re-inspections for uncleanness.

Number of individual Children examined at Routine Inspections in—			
Elementary Schools .. ..	..	26,759	
Secondary and Special Schools ..	..	1,792	
			28,551
Number of individual Children examined at Clinics, not including those referred to the Clinics from the Routine Inspections..			
			17,333
Total number of individual Children examined			
			45,884

TABLE III. (*continued*).

RE-INSPECTIONS.

DEFECT.	NUMBER OF REINSPECTIONS.		
	Clinic Cases.	Routine Cases.	Total.
Cleanliness of Head	7,435	102	7,537
Cleanliness of Body	1,207	17	1,224
Nutrition	3	864	867
Diseases of Nose and Throat ..	296	4,357	4,653
Ext. Eye Diseases	20,658	114	20,772
Ear Diseases	16,966	277	17,243
Defective Teeth	18	—	18
Heart and Circulation.. ..	143	404	547
Diseases of the Lungs.. ..	295	702	997
Diseases of the Nervous System ..	142	32	174
Skin Diseases	58,848	204	59,052
Rickets	2,791	237	3,028
Deformities	3,391	327	3,718
Tuberculosis (Non-pulmonary) ..	290	57	347
Defective Speech	5	38	43
Vision and Squint	392	2,789	3,181
Hearing	779	310	1,089
Miscellaneous	5,528	2,089	7,617
Ringworm	30,030	25	30,055
Total 1920	149,217	12,945	162,162
Total 1919	82,065	14,636	96,701

TABLE IV.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1920.

DISEASE OR DEFECT.	Code Groups.		Specials.				Total Defects referred for Treatment or observation.	Total defects discovered.
	Referred for Treatment.	Referred for Observation.	Referred for Treatment.			Referred for Observation. Routine Inspections.		
			Routine Inspections.	Clinic Cases.	Total.			
Malnutrition	407	751	43	11	54	52	1,264	2,827
UNCLEANLINESS—								
Head	2,906	1	316	3,162	3,478	—	6,385	6,459
Body	299	3	39	740	779	—	1,081	1,385
SKIN—								
Ringworm, Head	86	—	5	1,884	1,889	—	1,975	1,978
" Body	35	—	5	272	277	—	312	322
Scabies	152	—	16	1,008	1,024	—	1,176	1,180
Impetigo	200	3	13	3,708	3,721	—	3,924	3,964
Other Skin Diseases	124	16	13	3,638	3,651	1	3,792	3,889
EYE—								
Blepharitis	124	—	16	832	848	—	972	1,005
Conjunctivitis	23	—	2	331	333	—	356	362
Keratitis	3	—	—	10	10	—	13	15
Corneal Ulcer	7	1	—	53	53	—	61	63
Corneal Opacities	18	—	2	19	21	—	39	71
Defective Vision	2,366	317	501	2,776	3,277	54	6,014	13,692
Squint	272	35	23	34	57	2	366	758
Other Eye Conditions	17	3	2	366	368	—	388	432
EAR—								
Defective Hearing	355	54	41	196	237	9	655	1,069
Otitis Media	14	1	2	943	945	1	961	965
Other Ear Diseases	317	13	38	154	192	2	524	649
TEETH—								
Dental Disease	1,659	174	208	73	281	12	2,126	10,301
See also Dental Report, pp. 41, 47, 48.								
NOSE AND THROAT—								
Enlarged Tonsils	1,092	1,453	101	103	204	125	2,874	5,142
Adenoids	209	37	21	54	75	3	324	468
Enl. Tonsils and Adenoids	690	34	54	70	124	1	849	895
Other Nose & Throat Diseases	148	29	21	80	101	8	286	1,599
Enl. Cervical Glands (Non Tubr.)	171	251	16	121	137	17	576	1,871
Defective Speech	17	18	1	10	11	5	51	344
HEART & CIRCULATION—								
Heart Disease—								
Organic	98	219	8	112	120	24	461	603
Functional	2	5	—	1	1	—	8	13
Anæmia	114	61	21	62	83	11	269	396
Other Conditions	7	7	2	—	2	—	16	49
LUNGS—								
Bronchitis	537	298	21	78	99	28	962	1,322
Other Non Tubr. Diseases	21	45	4	12	16	7	89	278
TUBERCULOSIS—								
Pulmonary—								
Definite	21	2	3	94	97	—	120	122
Suspected	30	11	2	60	62	—	103	112
Non Pulmonary—								
Glands	22	6	3	28	31	—	59	80
Spine	1	—	1	5	6	—	7	7
Hip	2	3	1	11	12	—	17	19
Other Bones and Joints	7	2	—	5	5	1	15	20
Skin	3	—	1	11	12	—	15	16
Other Forms	17	2	3	1	4	2	25	28
NERVOUS SYSTEM—								
Epilepsy	11	10	4	31	35	1	57	59
Chorea	11	5	3	42	45	—	61	62
Other Nervous Conditions	44	18	6	76	82	—	144	206
DEFORMITIES—								
Rickets	160	148	13	241	254	7	569	1,297
Spinal Curvature	19	17	4	37	41	1	78	108
Other Deformities	262	232	26	133	159	12	665	1,935
OTHER DISEASES AND DEFECTS	1,428	244	122	1,631	1,753	17	3,442	4,824
	14,528	4,529	1,747	23,319	25,066	403	44,526	73,261

Total number of individual Children referred for treatment.. 11,373
Do. do. do. observation.. 2,604

TOTAL 13,977

TABLE V.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1920.

CONDITION.			Boys.	Girls.	Total.			
BLIND. (Including partially blind,* within the meaning of the Elementary Education (Blind and Deaf Children Act, 1893).		Attending Public Elementary Schools Attending Certified Schools for Blind Not at School	8 65 1	11 51 3	19 116 4			
DEAF AND DUMB. (Including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893).		Attending Public Elementary Schools Attending Certified Schools for Deaf Not at School	1 19 5	2 21 5	3 40 10			
MENTALLY DEFICIENT.	FEEBLE MINDED.	Attending Public Elementary Schools Attending Certified Schools for Mentally Defective Children .. Notified to the Local Control Authority by Local Education Authorities during the Year— Imbeciles Idiots Others No. notified on reaching 16 .. Not at School	3 141 4 1 2 20 19	7 96 6 — 1 15 16	10 237 10 1 3 35 35			
		IMBECILES.	At School Not at School	1 28	1 23	2 51		
			IDIOTS.	6	4	10		
		EPILEPTICS.		Attending Public Elementary Schools Attending Certified Schools for Epileptics In Institutions other than Certified Schools Not at School	22 2 2 8	27 — 5 10	49 2 7 18	
		PHYSICALLY DEFECTIVE.	PULMONARY TUBERCULOSIS.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children .. In Institutions other than Certified Schools Not at School	121 2 3 7	121 1 5 10	242 3 8 17	
				Crippling due to Tuberculosis.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children .. In Institutions other than Certified Schools Not at School	31 11 6 13	49 11 2 8	80 22 8 21
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> Paralysis, Rickets, Traumatism.				Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children .. In Institutions other than Certified Schools Not at School	80 32 4 21	75 31 4 34	155 63 8 55
					Other Physical Defectives, <i>e.g.</i> delicate and other children suitable for admission to Open-Air Schools, children suffering from severe heart disease.	Attending Public Elementary Schools Attending Open-Air Schools Attending Certified Schools for Physically Defective Children, other than Open-Air Schools Not at School	33 4 — 12	47 3 3 22	80 7 3 34
*DULL OR BACKWARD.			Retarded 2 years Retarded 3 years	273 95		235 78	508 173	

* Judged according to age and standard. No case retarded more than three years to be included in this category unless it has been decided after examination by the Medical Officer that the child is not mentally defective.

TABLE VIA.
TREATMENT OF MINOR AILMENTS.

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
	REFERRED FOR TREATMENT.	TREATED.		
		UNDER L.E.A.'s SCHEME.	OTHERWISE.	TOTAL.
SKIN—				
Ringworm Head	1,975	1,445	478	1,923
Ringworm Body	312	196	89	285
Scabies	1,176	524	544	1,068
Impetigo.. .. .	3,921	3,445	382	3,827
Other Skin Diseases	3,775	3,491	284	3,775
EAR DISEASE.. .. .	2,060	1,139	487	1,626
EYE DISEASE (External and other)	1,825	1,545	149	1,694
MISCELLANEOUS	3,962	792	1,809	2,601
TOTAL	19,006	12,577	4,222	16,799

TABLE VIB.
TREATMENT OF VISUAL DEFECTS.

NUMBER OF CHILDREN.									
Referred for Refraction.	SUBMITTED TO REFRACTION.				For whom glasses were pre-scribed.	For whom glasses were provided.	Recom-mended for treatment other than glasses.	Received other forms of treat-ment.	For whom no treatment was considered necessary.
	Under Local Authority's Scheme	By Private Practitioner or Hospital.	Other wise.	TOTAL.					
5,972	4,011	373	—	4,384	3,962	3,962	88	—	321

The policy of the Committee is in the first instance to recommend parents to consult their own Medical Adviser and a large number of cases are awaiting further examination.

TABLE VIC.
TREATMENT OF DEFECTS OF NOSE AND THROAT.

REFERRED FOR TREATMENT.	NUMBER OF CHILDREN.		
	RECEIVED TREATMENT.		
	UNDER L.E.A. SCHEME.	BY PRIVATE PRACTITIONER OR HOSPITAL.	TOTAL.
2,600	95	887	982

TABLE VID.
TREATMENT OF DENTAL DEFECTS.

(1).—NUMBER OF CHILDREN DEALT WITH.

AGE GROUPS.	INSPECTED BY DENTIST.		REFERRED FOR TREATMENT.		ACCEPTING TREATMENT.		ACTUALLY TREATED.	
	New Cases.	Re-inspec-tions.	New Cases.	Re-inspec-tions.	New Cases.	Re-inspec-tions.	New Cases.	Re-inspec-tions.
5 Elementary	64	17	21	3	25	7	20	40
Secondary	59	—	38	—	—	—	—	—
6 Elementary	4,905	543	2,626	327	1,633	214	1,516	183
Secondary	72	—	75	—	—	—	—	—
7 Elementary	3,262	2,594	2,130	1,535	1,377	889	1,516	650
Secondary	84	—	72	—	—	—	—	—
8 Elementary	1,057	4,902	707	3,031	467	1,771	585	1,560
Secondary	130	—	93	—	—	—	—	—
9 Elementary	882	5,017	725	2,941	403	1,665	420	1,503
Secondary	157	—	121	—	—	—	—	—
10 Elementary	842	4,776	609	2,719	436	1,377	439	1,331
Secondary	218	—	171	—	—	—	—	—
11 Elementary	930	3,441	647	1,872	458	1,008	394	974
Secondary	334	—	272	—	—	—	—	—
12 Elementary	234	836	161	448	116	279	120	269
Secondary	693	—	589	—	—	—	—	—
13 Elementary	97	217	60	119	49	72	52	57
Secondary	840	—	752	—	—	—	—	—
14 Elementary	134	158	73	70	63	47	66	35
Secondary	685	—	598	—	—	—	—	—
Over 14 in Secondary Schools	595	—	529	—	—	—	—	—
Total Age Groups—								
Elementary	12,407	22,501	7,759	13,065	5,027	7,329	5,128	6,602
Secondary	3,867	—	3,310	—	—	—	—	—
Specials ..	1,590	—	1,590	—	1,590	—	1,590	—
Total—								
Elementary	36,498		22,414		13,946		13,320	
Secondary	3,867*		3,310*		—		—	

* The Dental Inspection in the Secondary Schools was carried out during November and December, 1920. Pupils requiring Dental Treatment were recommended to consult a registered Dentist. A Re-inspection will be made in February, 1921, and Children who have not received attention will be invited to the School Clinic.

TABLE VID. (*continued.*)(2).—PARTICULARS OF TIME GIVEN AND OF
OPERATIONS UNDERTAKEN.

Number of Half-days devoted to Inspection Work ..	475	(502)
Number of Half-days devoted to Treatment—		
Extractions	437	(484)
Fillings	979	(890)
	<hr/>	
	1,416	(1,374)
Total Number of Attendances made by Children at the Clinics—		
EXTRACTIONS—		
New Cases	4,677	
Re-inspections	4,288	
Casuals	1,590	
	<hr/>	
	10,555	(9,692)
FILLINGS—		
New Cases	2,433	
Re-inspections	4,293	
	<hr/>	
	6,726	(6,069)
	17,281	(15,761)
Number of Permanent Teeth :—		
EXTRACTED—		
New Cases	1,371	
Re-inspections	1,985	
Casuals	1,301	
	<hr/>	
	4,657	(4,433)
FILLED—		
New Cases	3,541	
Re-inspections	7,608	
	<hr/>	
	11,149	(11,833)
Number of Temporary Teeth :—		
EXTRACTED—		
New Cases	15,711	
Re-inspections	10,874	
Casuals	3,578	
	<hr/>	
	30,163	(30,699)
FILLED—		
New Cases	251	
Re-inspections	122	
	<hr/>	
	373	
Total Number of Fillings	11,522	(11,833)
Number of Administrations of General Anaesthetics ..	10,280	(9,517)
Number of other Operations :—		
Scalings	89	
Dressings	368	
Regulation	1	
	<hr/>	
	458	(189)
Number of Appointments made	22,370	(23,484)
Number of Appointments kept	16,735	(15,850)

The figures in brackets represent the corresponding totals for 1919.

TABLE VI.

OTHER FORMS OF TREATMENT.

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
	Referred for Treatment.	TREATED.		
		Under L.E.A.'s Scheme.	Other- wise.	TOTAL.
Rickets	414	176	128	304
Deformities	481	91	166	257
Heart and Circulation ..	433	—	192	192
Lungs	835	1	674	675
Malnutrition.. ..	462	43	325	368
TOTAL	2,625	311	1,485	1,796

TABLE VII.

SUMMARY OF TREATMENT OF DEFECTS AS SHEWN IN TABLE IV.

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
	Referred for Treatment.	TREATED.		
		Under L.E.A.'s Scheme.	Other- wise.	TOTAL.
Minor Ailments	19,006	12,577	4,222	16,799
Visual Defects	5,972	4,011	373	4,384
Defects of Nose and Throat	2,600	95	887	982
Dental Defects	25,724	13,320	No information available. 1,485	13,320
Other Defects	2,625	301		
TOTAL	55,927	30,304	6,967	37,271

TABLE VIII.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE
ROUTINE INSPECTIONS DURING THE YEAR 1920.

<hr/>								
(1) The total number of children medically inspected at the Routine								
Inspections	..	..	..	..	..	..	..	26,759
<hr/>								
(2) The number of children in (1) suffering from								
Malnutrition	..	..	..	..	..	..	..	2,816
Skin Disease	..	..	..	..	..	..	..	823
Defective Vision (including squint)	..	..	..	..	..	..	..	11,640
Eye Disease	..	..	..	..	..	..	..	337
Defective Hearing..	..	..	..	..	..	..	..	873
Ear Disease	..	..	..	..	..	..	..	517
Nose and Throat Disease	..	..	..	..	..	..	..	7,797
Enlarged Cervical Glands (non-tubercular)	..	..	..	..	..	..	..	1,750
Enlarged Submaxillary Glands (non-tubercular)	..	..	..	..	..	..	..	615
Defective Speech	..	..	..	..	..	..	..	334
Dental Disease	..	..	..	..	..	..	..	10,228
Heart Disease—								
Organic	..	..	..	..	..	..	..	491
Functional	..	..	..	..	..	..	..	12
Anaemia	..	..	..	..	..	..	..	334
Lung Disease (non-tubercular)	..	..	..	..	..	..	..	1,510
Tuberculosis—								
Pulmonary	{	Definite	..	..	..	..	..	28
		Suspected	..	..	..	..	..	52
Non-pulmonary	..	..	..	..	..	..	..	109
Diseases of the Nervous System	..	..	..	..	..	..	..	178
Deformities	..	..	..	..	..	..	..	2,929
Other Defects and Diseases	..	..	..	..	..	..	..	2,578
<hr/>								
(3) The number of children in (1) suffering from defects (other than								
uncleanliness or defective clothing or footgear) who require								2,474
to be kept under observation (but not referred for treatment)								
<hr/>								
(4) The number of children in (1) who were referred for treatment,								
(excluding uncleanliness, defective clothing, etc.)								10,805
<hr/>								
(5) The number of children in (4) who received treatment for one								
or more defects (excluding uncleanliness, defective clothing								5,475
etc.)								

HEADING 2.

The figures given include all defects discovered, not only those referred for treatment or observation.

HEADING 5.

The policy of the Committee is first to recommend parents to consult their own Medical Man. The cases are followed up after a reasonable interval. As the figures only refer to examination and work in 1920 it is impossible to give an up-to-date return of the number treated. About one-fourth of 1920 cases will be treated in 1921.

TABLE IX.

SUMMARY OF DEFECTS DISCLOSED BY MEDICAL INSPECTION AT SECONDARY
AND DAY PREPARATORY TRADE SCHOOLS, 1920.

DISEASE OR DEFECT.	SECONDARY SCHOOLS.						DAY PREPARATORY TRADE SCHOOLS.					
	Defects found.		For Treatment.		For Observa- tion.		Defects found.		For Treatment.		For Observa- tion.	
	1472		—		—		41		—		—	
NO. OF CHILDREN EXAMINED	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Malnutrition	148	10.1	7	.5	42	2.8	7	17.1	—	—	—	—
UNCLEANLINESS—												
Head	63	4.3	63	4.3	—	—	—	—	—	—	—	—
Body	3	.2	—	—	—	—	1	2.4	—	—	—	—
SKIN—												
Ringworm—Head	1	.1	—	—	—	—	—	—	—	—	—	—
Body	1	.1	—	—	—	—	—	—	—	—	—	—
Scabies	3	.2	3	.2	—	—	—	—	—	—	—	—
Impetigo	2	.1	2	.1	—	—	—	—	—	—	—	—
Other Skin Diseases	50	3.4	4	.3	—	—	—	—	—	—	—	—
EYE—												
Blepharitis	18	1.2	1	.1	—	—	—	—	—	—	—	—
Conjunctivitis	2	.1	1	.1	—	—	—	—	—	—	—	—
Keratitis	—	—	—	—	—	—	—	—	—	—	—	—
Corneal Ulcer	—	—	—	—	—	—	—	—	—	—	—	—
Corneal Opacities	—	—	—	—	—	—	—	—	—	—	—	—
Defective Vision—Distant*	808	56.0	211	14.6	5	.4	15	36.6	4	9.8	—	—
—Near	82	5.6	51	3.5	—	—	—	—	—	—	—	—
Squint	9	.6	2	.1	—	—	—	—	—	—	—	—
Other Eye Conditions	4	.3	2	.1	—	—	1	2.4	—	—	—	—
EAR—												
Defective Hearing	45	3.1	12	.8	—	—	—	—	—	—	—	—
Otitis Media	—	—	—	—	—	—	—	—	—	—	—	—
Other Ear Diseases	12	.8	4	.3	1	.1	1	2.4	—	—	—	—
TEETH—												
Dental Disease (see also Dental Report)	460	31.2	120	8.2	4	.3	26	63.4	3	7.3	—	—
NOSE AND THROAT—												
Enlarged Tonsils	191	12.9	58	3.9	35	2.3	7	17.1	2	4.9	—	—
Adenoids	8	.5	6	.4	2	.1	—	—	—	—	—	—
Enlarged Tonsils and Adenoids	30	2.0	21	1.4	7	.5	1	2.4	1	2.4	—	—
Other Nose and Throat Disease	77	5.2	7	.5	1	.1	1	2.4	—	—	—	—
Enl. Cervical Glands (Non-Tubr.)	64	4.3	3	.2	—	—	3	7.3	—	—	—	—
Defective Speech	16	1.1	1	.1	—	—	1	2.4	—	—	—	—
HEART AND CIRCULATION—												
Heart Disease—Organic	44	3.1	10	.7	10	.7	1	2.4	—	—	1	2.4
Functional	—	—	—	—	—	—	—	—	—	—	—	—
Anæmia	79	5.4	7	.5	—	—	—	—	—	—	—	—
Other	1	.1	—	—	—	—	—	—	—	—	—	—
LUNGS—												
Bronchitis	19	1.2	10	.7	1	.1	—	—	—	—	—	—
Other Non-Tubr. Diseases	20	1.3	1	.1	2	.1	—	—	—	—	—	—
TUBERCULOSIS—												
Pulmonary—Definite	1	.1	1	.1	—	—	—	—	—	—	—	—
Suspected	—	—	—	—	—	—	—	—	—	—	—	—
Non-Puly. —Glands	1	.1	1	.1	—	—	—	—	—	—	—	—
Spine	1	.1	—	—	—	—	—	—	—	—	—	—
Hip	1	.1	—	—	1	.1	—	—	—	—	—	—
Other Bones and Joints	—	—	—	—	—	—	—	—	—	—	—	—
Skin	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	—	—	—	—	—
NERVOUS SYSTEM—												
Epilepsy	1	.1	—	—	—	—	—	—	—	—	—	—
Chorea	2	.1	1	.1	1	.1	—	—	—	—	—	—
Other Nervous Conditions	25	1.7	2	.1	2	.1	1	2.4	—	—	—	—
DEFORMITIES—												
Rickets	12	.8	—	—	—	—	—	—	—	—	—	—
Spinal Curvature	23	1.5	12	.8	8	.5	—	—	—	—	—	—
Other Deformities	103	7.0	11	.7	8	.5	—	—	—	—	—	—
OTHER DISEASES AND DEFECTS—												
Unclassified	146	9.9	66	4.4	8	.5	6	14.6	3	7.3	—	—
Sub-Maxillary Glands	4	.3	—	—	1	.1	2	4.9	—	—	—	—
Mental	2	.1	1	.1	—	—	—	—	—	—	—	—
Thorax	15	1.0	—	—	—	—	—	—	—	—	—	—
Flat-foot	70	5.0	10	.7	23	1.5	—	—	—	—	—	—
Digestion	45	3.1	—	—	1	.1	2	4.9	—	—	—	—
Constipation	42	2.8	1	.1	1	.1	2	4.9	—	—	—	—
Infectious	3	.2	3	.2	—	—	—	—	—	—	—	—
Catamenia	20	1.3	—	—	—	—	—	—	—	—	—	—
Colour Sense	6	.4	—	—	—	—	1	2.4	—	—	—	—
TOTAL	2783	189.1	716	48.6	164	11.1	79	192.7	13	31.7	1	2.4

SECONDARY. TRADE.
* No. Tested .. 1,442 .. 41

TABLE X.

SUMMARY OF DEFECTS DISCLOSED BY MEDICAL INSPECTION AT
SPECIAL SCHOOLS FOR BLIND, DEAF AND DUMB, CRIPPLED AND
MENTALLY DEFECTIVE CHILDREN, 1920.

DISEASE OR DEFECT.	Defects found.		For Treatment.		For Observation.	
No. OF CHILDREN EXAMINED	279		..		..
	No.	%	No.	%	No.	%
Malnutrition	71	25.4	3	1.1	—	—
UNCLEANLINESS—						
Head	37	13.3	37	13.3	—	—
Body	12	4.3	2	.7	—	—
SKIN—						
Ringworm—Head	—	—	—	—	—	—
Body	1	.4	1	.4	—	—
Scabies	—	—	—	—	—	—
Impetigo	2	.7	2	.7	—	—
Other Skin Diseases	1	.4	—	—	1	.4
EYE—						
Blepharitis	8	2.9	3	1.1	—	—
Conjunctivitis	—	—	—	—	—	—
Keratitis	—	—	—	—	—	—
Corneal Ulcer	—	—	—	—	—	—
Corneal Opacities	1	.4	—	—	—	—
Defective Vision—Distant*	162	61.8	25	9.5	—	—
—Near	—	—	—	—	—	—
Squint	19	6.8	3	1.1	—	—
Other Eye Conditions	6	2.2	—	—	—	—
EAR—						
Defective Hearing	31	11.1	3	1.1	—	—
Otitis Media	1	.4	—	—	—	—
Other Ear Diseases	6	2.2	3	1.1	—	—
TEETH—						
Dental Disease (see also Dental Report)	134	48.0	8	2.9	—	—
NOSE AND THROAT—						
Enlarged Tonsils	53	19.0	1	.4	—	—
Adenoids	2	.7	1	.4	—	—
Enlarged Tonsils and Adenoids	8	2.9	2	.7	1	.4
Other Nose and Throat Disease	44	15.7	1	.4	—	—
Enl. Cervical Glands (Non-Tubr.)	31	11.1	—	—	—	—
Defective Speech	68	24.4	—	—	—	—
HEART AND CIRCULATION—						
Heart Disease—Organic	8	2.9	1	.4	—	—
Functional	—	—	—	—	—	—
Anæmia	5	1.8	—	—	—	—
Other	2	.7	—	—	—	—
LUNGS—						
Bronchitis	12	4.3	1	.4	—	—
Other Non-Tubr. Diseases	1	.4	—	—	—	—
TUBERCULOSIS—						
Pulmonary—Definite	1	.4	—	—	—	—
Suspected	1	.4	1	.4	—	—
Non-Puly. —Glands	1	.4	—	—	—	—
Spine	—	—	—	—	—	—
Hip	2	.7	—	—	—	—
Other Bones and Joints	4	1.4	—	—	1	.4
Skin	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—
NERVOUS SYSTEM—						
Epilepsy	5	1.8	—	—	—	—
Chorea	—	—	—	—	—	—
Other Nervous Conditions	15	5.4	—	—	1	.4
DEFORMITIES—						
Rickets	26	9.3	1	.4	—	—
Spinal Curvature	5	1.8	1	.4	2	.7
Other Deformities	42	15.1	1	.4	1	.4
OTHER DISEASES AND DEFECTS—						
Unclassified	24	8.6	8	2.9	1	.4
Sub-Maxillary Glands	39	13.6	—	—	—	—
Mental	227	81.4	—	—	—	—
Flat-foot	—	—	—	—	—	—
Infectious	—	—	—	—	—	—
TOTAL	1118	400.7	109	39.1	8	2.9

* No. tested 262.

TABLE XI.
(I) AVERAGE HEIGHT.

Age last Birth-day.	Character of School District.		Suburban.		Better.		Ordinary.		Poor.		Jewish.		Average.		Average Height England and Wales, 1883.	
	No. measured.		Inches.		Inches.		Inches.		Inches.		Inches.		Inches.		Inches.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
4	774 (276)	715 (231)	39.5 (39.5)	39.3 (39.4)	39.8 (39.8)	39.8 (38.8)	39.2 (39.1)	38.7 (38.8)	38.3 (38.3)	38.1 (37.5)	39.3 (39.1)	39.5 (38.8)	38.9 (39.0)	38.7 (38.5)	38.5	38.3
5	2,872 (2,200)	2,953 (2,099)	41.5 (41.2)	41.0 (40.7)	41.8 (41.3)	41.8 (41.5)	40.7 (41.9)	40.3 (40.5)	39.8 (39.3)	39.5 (39.1)	40.8 (40.2)	40.5 (40.6)	40.6 (40.8)	40.2 (40.1)	41.0	40.5
6	1,265 (1,694)	1,198 (1,584)	43.2 (43.6)	42.6 (43.0)	43.8 (44.2)	43.3 (43.2)	42.1 (42.5)	42.0 (42.4)	41.4 (41.1)	41.5 (41.0)	43.3 (42.1)	41.5 (42.2)	42.0 (42.3)	42.0 (42.1)	44.0	42.8
8	3,032	2,964	47.5	47.6	48.0	48.1	46.6	46.8	45.9	45.7	47.9	46.7	46.7	46.7	47.0	46.6
12	3,133 (2,712)	3,315 (2,713)	54.7 (54.6)	54.0 (55.5)	54.6 (55.0)	55.5 (54.6)	53.7 (53.7)	54.3 (54.0)	52.9 (52.8)	53.9 (53.8)	53.9 (53.8)	55.0 (59.5)	53.7 (53.6)	54.3 (54.1)	54.9	55.9
13	433 (439)	500 (507)	56.5 (55.6)	57.1 (55.9)	56.6 (56.1)	58.2 (56.3)	53.4 (55.3)	55.5 (55.6)	53.2 (54.0)	55.0 (54.9)	55.5 (56.0)	55.7 (56.0)	54.0 (55.2)	55.8 (55.6)	56.9	57.7

The figures in brackets represent the corresponding totals for 1919.

TABLE XI. (continued).
(2) WEIGHT.

Age last Birth-day.	Character of School District.		Suburban.		Better.		Ordinary.		Poor.		Jewish.		Average.		Average Weight England and Wales, 1883.	
	No. weighed.		Lbs.		Lbs.		Lbs.		Lbs.		Lbs.		Lbs.		Lbs.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
4	774 (276)	715 (231)	37.5 (37.6)	35.2 (36.4)	37.6 (37.5)	37.1 (34.5)	36.5 (36.7)	34.8 (35.3)	35.5 (35.6)	34.5 (33.8)	36.6 (38.6)	37.5 (36.5)	36.3 (36.7)	35.0 (35.1)	37.3	36.1
..5	2,872 (2,200)	2,953 (2,099)	39.9 (39.5)	37.3 (38.3)	40.3 (39.5)	39.3 (38.5)	38.8 (38.9)	37.5 (37.5)	37.8 (37.2)	36.8 (36.2)	40.9 (38.8)	38.7 (39.2)	38.8 (38.5)	37.5 (37.3)	39.9	39.2
6	1,265 (1,694)	1,198 (1,584)	42.8 (43.8)	40.4 (41.6)	43.9 (43.7)	41.5 (41.8)	41.3 (42.2)	39.8 (40.8)	41.0 (40.2)	41.0 (39.5)	44.6 (43.6)	40.5 (38.7)	41.6 (42.0)	40.3 (40.5)	44.4	41.7
8	3,032	2,964	52.1	50.3	51.6	51.1	50.9	49.5	49.6	47.5	52.5	50.7	50.9	49.2	54.9	52.1
12	3,133 (2,712)	3,315 (2,713)	72.7 (72.4)	70.9 (74.1)	71.5 (73.4)	74.1 (71.8)	69.5 (70.6)	70.8 (70.0)	71.4 (68.6)	69.2 (68.9)	74.0 (73.8)	77.7 (74.3)	70.7 (70.5)	70.8 (70.5)	76.7	76.4
13	433 (439)	500 (507)	78.7 (76.3)	79.5 (77.7)	77.6 (77.4)	80.6 (74.3)	72.0 (73.8)	75.4 (76.5)	71.7 (71.5)	73.5 (73.5)	81.6 (81.8)	83.5 (77.8)	73.5 (74.3)	75.9 (76.3)	82.6	87.2

The figures in brackets represent the corresponding totals for 1919.

TABLE XII.

Number of Notices to Parents of Children Reported to have Defects during the year 1919.

School Medical Officers' cases :—					
First Notices	..	..	..	..	9,832
Second Notices	..	..	..	..	4,275
					<hr/> 14,107
School Nurses' cases :—					
<i>For Verminous Head—</i>					
First Notices	..	..	..	6,392	
Second Notices	..	..	..	3,665	
Special Notices	..	..	..	3,052	
Final Notices	..	..	..	1,803	
					<hr/> 14,912
<i>For Verminous Body—</i>					
First Notices	..	..	..	704	
Second Notices	..	..	..	125	
					<hr/> 829
<i>For other Defects—</i>					
First Notices	..	..	..	429	
Second Notices	..	..	..	161	
					<hr/> 590
School Dental Officers' cases	..	..	..		16,331
Secondary School Notices	..	..	..		25,724
					411
Total					<hr/> <hr/> 56,573

NUMBER OF EXCLUSIONS, 1920.

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head	132 (124)	3,275 (2,098)	3,407 (2,222)
Uncleanliness of Body	9 (17)	912 (652)	921 (669)
Ringworm	779 (688)	729 (573)	1,508 (1,261)
External Eye Diseases	40 (126)	71 (110)	111 (236)
Skin Diseases	904 (1,245)	1,290 (1,310)	2,194 (2,555)
Defective Vision	194 (55)	4	198 (55)
Other Diseases	109 (302)	72 (166)	181 (468)
TOTAL	2,167 (2,536)	6,353 (4,663)	8,520 (7,199)

The figures in brackets represent the corresponding totals for 1919.

REPORT ON PHYSICAL EDUCATION IN ELEMENTARY SCHOOLS.

Rapid strides have been made in Physical Education in Leeds during the last year and much good work is being done in the Elementary Schools of the City. This is chiefly due to the great interest shown by the teachers and the whole-hearted way in which they have thrown themselves into the Scheme.

Staff.

The Physical Education Staff has been augmented, and at the present time, besides the two Organising Teachers, there are two whole time Visiting Teachers—one man and one woman—and four part-time Visiting Teachers on the Elementary School Staff. The part-time Visiting Teachers are engaged in the Secondary Schools of the City but each gives one day or a day and a half a week to the Elementary Schools.

The visits of these Teachers are very helpful and much appreciated in the Schools. They report favourably on the improvement of the general handling of the subject in the schools.

Teachers'
Classes.

To introduce the New Syllabus of the Board of Education into the Schools and to stimulate the interest of the Teachers in the work, day classes for Teaching Staffs have been held. The Classes extended over a period of one week. Three such Classes were held for Men Head Teachers who attended daily from 10 to 12 and 2 to 4. The morning session was devoted to Practical Work and Games and discussions on the New Syllabus. At the afternoon sessions, Women Head Teachers also attended, and the time was spent in instruction in Dances and Games. Similar Classes were held for Women Head Teachers. Later, Classes were organised for Men and Women Assistants who attended from 9.30 to 12 and from 2 to 4 daily for one week. The Men and Women's classes were combined for the afternoon session. The effect that these day classes had on the Physical Education in the Elementary Schools of the City was invaluable. The spirit in which the Teachers accepted the instruction at these Classes was remarkable and this same spirit was infused into the work of the Schools with a far reaching influence.

The attendance at the Evening Classes has been much higher than before. This is no doubt largely due to the success of the Day Classes. The Classes for Infants and Junior Teachers and those for Country Dances and Organised Games were very popular and extremely well attended.

The Physical Training in the Schools shows marked improvement but in some cases the work is retarded because of the unsuitability of the playgrounds and lack of central halls. In a few instances, this has been overcome by the hiring of suitable halls, within close proximity to a group of departments, and it is hoped that further accommodation of this kind will be provided in the future.

Physical
Training in
the Schools.

Valuable co-operation with the Parks' Committee has been maintained. The Parks' Committee have placed the Parks at the disposal of the Elementary Schools during School hours and Saturday mornings.

Organised
Games.

Upwards of forty open spaces in the City are used by the School children for organised Games. The Parks and Recreation Grounds are allocated to the neighbouring Schools for definite weekly periods and each class is allowed to devote one hour per week to organised Games.

The Parks' Committee have provided over 20 sets of goal posts in the Parks to be used by Elementary School children, and are preparing a number of cricket pitches for the coming season.

A Leeds Schools' Athletic Association has been formed. This Association links up all the various sports organisations under one central body and governs and encourages all sports activities in connection with Elementary Schools. This Association must have a powerful influence on the welfare of the children. It is hoped to make provision in the near future for school camps and school playing fields. The Association is already in a strong financial position and has a great future before it. With only a very few exceptions, each school held its own Sports' Day. The City was divided into four Districts, and District Sports were held at which the winners of the School Sports competed representing their Schools. Finally, a City Sports Meeting was held at which the winners of the various Districts Sports competed. A very healthy spirit is encouraged at these Sports' Days and great interest is taken throughout the City by the Teachers and the general public in the children's efforts.

Schools
Athletic
Association.

The necessary equipment for the Physical Training lessons and the games is supplied by the Education Committee. Footballs, Handballs, Infants' 4" Balls, Semi-Solid Balls, Cricket Balls, Cricket Bats, Rounders Bats, Skipping Ropes, large and small, Swords and Country Dance Books are supplied to all Departments.

Supply of
Equipment.

Supply of
Shoes.

During the last year arrangements have been made for the supply on sale of rope soled shoes for the children for use in the Physical Training lessons. Over six thousand pairs of these shoes are now in the Schools of the City.

Instruction
in Swimming.

The instruction in Swimming was given as in previous years with the exception that this year the experiment was made of using Teachers with special qualifications in Swimming as Instructors. Four such Teachers (2 men and 2 women) besides Corporation Baths Instructors were employed. The instruction extended over a period of 17 weeks and in that time 81,958 attendances were made by the children. Six Corporation and three School Baths were used for the instruction. 1,508 Certificates were awarded. It is anticipated with the co-operation of the Baths Committee that the Swimming Instruction for School Children will be considerably developed during the coming season.

Play Centres.

Two new centres have been opened. There are now nine Play Centres in the City.

The attendances at these Centres have been much larger than in previous years and all the Centres are doing valuable work. The activities carried on have been extended and the play centres have in most cases developed the hand work side of recreative activity.

School Camps.

Two Schools held School Camps during the Mid-Summer Holidays. Grants were given by the Education Committee. It is hoped that this movement will extend. It will be encouraged by the Education Committee and by the Schools' Athletic Association.

Demonstrations.

The Local Swedish Gymnastic Association held its Annual Demonstration in the Town Hall. The various branches of Physical Education—from Infants to Trained Gymnasts—were greatly appreciated by a large audience.

Gymkhana.

In June a Gymkhana was arranged by the Local N.U.T. Association with the help of the Gymnastic Teachers of the City in the grounds of the City of Leeds Training College. A very wide programme was arranged in which all stages of Gymnastics and a very large number of games were demonstrated by children and Teachers of the City. Such Demonstrations are of great value to the Teachers and serve also to maintain an excellent spirit in the work.

ROBT. JARMAN,
C. M. MATTHEWS,
Organising Teachers of Physical Welfare.

EMPLOYMENT OF CHILDREN ACT, 1903, EDUCATION ACT, 1918.

The Bye-Laws made by the City Council on the 3rd March, 1920, in pursuance of the provisions of Section 13 of the Education Act, 1918, were confirmed by the Home Secretary on the 5th July, 1920, and from that date the Bye-Laws which were first adopted in 1912 and amended in 1914 were repealed.

Reference was made in my report of last year to the provisions of the Bye-Laws which had been in operation for eight years, and an intimation was also given that new proposals, affording greater protection to the school child employee, and further restricting the hours of employment, had been submitted to the Home Office.

Under the Bye-Laws now in force no child under the age of twelve years may be employed in any occupation, and children between twelve and fourteen years of age are prohibited from entering the following occupations:—

- (a) As a lather-boy or in similar occupations in a barber's or hairdresser's shop.
- (b) In selling programmes or refreshments or in taking checks or tickets or in shifting scenery in any theatre, cinematograph hall, or place of public entertainment.
- (c) As an attendant or assistant in any shop or hall used for the purpose of public amusement by means of automatic machines, mutoscopes, shooting ranges, games of chance or skill and similar devices.
- (d) As a marker or attendant in any billiard or bagatelle saloon.
- (e) As a kitchen boy in any hotel, cookshop, or refreshment house.
- (f) In or in connection with the sale of intoxicating liquors, except in cases where such liquors are sold exclusively in sealed vessels.
- (g) In collecting or sorting rags or refuse.

In order to protect and safeguard the health of the children employers are required to send to the Education Authority within twenty-four hours after the employment begins, notification giving full particulars respecting the child, together with the name of the place in which the child will be employed, the nature of the occupation, and the hours of employment.

Within fourteen days of commencing work every child is required to be examined by the School Medical Officer in order to ascertain his or her fitness for employment, and whether such work is likely to be prejudicial to health, physical development, or will render the child unfit to obtain proper benefit from attendance at school.

Between the 1st August and the 31st December, 1920, 920 boys and 58 girls were examined by the School Medical Officer as required by this Bye-Law. 18 children were found unfit for work, and 17 others were suffering from minor defects which required correction. These latter children were medically treated, and were subsequently certified fit for employment.

No child may be employed on a school day for a longer period than two hours, and, except when engaged in the delivery of milk or newspapers, not before 5 o'clock in the afternoon, nor later than 7 o'clock in the evening. Children delivering milk or newspapers may be employed one hour before school, viz. :—7 to 8 a.m., and one hour after school, viz. :—5 to 6 p.m.

In the case of children delivering milk or newspapers the employers of such children are required to see that each child is provided with efficient waterproof footwear, and a sufficient waterproof garment to protect him or her from injury from inclement weather.

On Saturdays, or during school holidays, the limit of employment in one day is four hours, and in order to secure to the child a continuous period of not less than five hours for rest and recreation, employers desiring to engage a child must select one of two periods, viz. :—either 9 a.m. to 1 p.m., or 2 p.m. to 6 p.m., during which time the child will be employed, whichever may be the more suitable for business purposes.

The way in which employers have accepted the new provisions, and their readiness to help the Authority to make them effective, have afforded considerable satisfaction to the School Attendance Sub-Committee responsible for the administration of these Bye-Laws.

The number of offences discovered during the year was 320, being an increase of 114 on the previous twelve months. When, however, it is remembered that during the year there was a period of transition following the confirmation of the new Bye-Laws, as a result of which many offences were committed unintentionally, it will be recognised that the increase is not abnormal. In the

majority of cases warnings only were necessary, but in 15 cases where warnings had been previously given summonses were issued and penalties imposed varying from 10s. to £5.

Since the 1st April, 1920, the Appointed Day for paragraph 4 of sub-section 2 of Section 13 of the Education Act, 1918 (which transferred the duty of granting Licences permitting children to take part in theatrical performances from the Magistrates to Education Authorities) 21 applications for Licences in respect of fourteen children, 12 girls and 2 boys, have been granted by the Committee permitting such children to perform at places of amusement. In each case the child had previously been examined by the School Medical Officer and was certified in accordance with the Entertainments Rules, 1920.

In the first instance a Licence is granted for a period of not more than three months, the reason being that the Committee desire to be assured, on a report from their own School Medical Officer, that this particular work is not prejudicial to the well-being of the child. In one case only was the employment found to be detrimental to the child, and when this was brought to the notice of the parent the girl was at once withdrawn from the stage, and is now in regular attendance at school.

During the same period 84 children licensed by other Education Authorities have visited Leeds and taken part in performances at the various places of public entertainment in the City.

STREET TRADING.

Under the new provisions of the Bye-Laws no boy under the age of 15 years, and no girl under the age of 16 years is allowed to trade in the streets. Youths between 15 and 16 years of age, desiring to engage in the street trading must first obtain a Licence from the Education Authority.

The result of these restrictions is a considerable reduction in the number of young persons holding Licences permitting them to trade in the streets. At the close of 1919 the number of licensed traders was 721, but at the close of 1920 the number was 107, a decrease of 614.

The general effect of the restrictions referred to in this report has been to confer a great benefit on the school child employee. The times during which he may be employed are definitely stated, and a reasonable period for recreation is now assured to him.

The terms of appointment of three Special Officers have been extended in order to give them the necessary authority to enforce the regulations for the control of young persons trading in the streets, and the children employed generally.

All children employed are registered following examination by the School Medical Officer, and a distinctive button issued to each child. These buttons are in three colours of enamel, and the tint of the button indicates the period of the day during which the child may be legally employed.

It is hoped in the present twelve months to complete a census of various trades in the City so as to establish a register and to keep a record of all trades and employers in which and by whom school children are employed.

J. H. CAPES,

Chief Inspector for Employment of Children.



